

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

03-05-2002 90016 024 ****50.00

DOCUMENT # L00000012746

1. Entity Name

GOMAR INVESTMENTS, L.L.C.

Principal Place of Business

6930 N.W. 84 AVE.
 MIAMI FL 33166

Mailing Address

6930 N.W. 84 AVE.
 MIAMI FL 33166

2. Principal Place of Business

20416 NE 10² CT ROAD

3. Mailing Address

20416 NE 10² CT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach FL

City & State

North Miami Beach FL

4. FEI Number

65-1048518

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ MARTINEZ, JUAN
6930 N.W. 84 AVE.
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **GOMEZ MARTINEZ, JUAN**

Street Address (P.O. Box Number is Not Acceptable)

20416 NE 10² COURT ROAD

City **North Miami Beach**

FL

Zip Code

33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **GOMEZ MARTINEZ, JUAN**
 STREET ADDRESS **6930 N.W. 84 AVE.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **GOMEZ MARTINEZ, JUAN**
 STREET ADDRESS **20416 NE 10² COURT ROAD**
 CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)