

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90279 003 \*\*\*\*50.00

**DOCUMENT # L00000012776**

1. Entity Name

**GK & K MANAGEMENT, LLC**

Principal Place of Business

**17805 SW FIRST STREET  
PEMBROKE PINES FL 33029**

Mailing Address

**17805 SW FIRST STREET  
PEMBROKE PINES FL 33029**

13810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1044528**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOHLMAN, STEVEN J  
17805 SW FIRST STREET  
PEMBROKE PINES FL 33029**

Name

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

City

**FL**

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM / MGRM  
GOMEZ, MAURICIO  
18150 SW 106 TERR.  
MIAMI FL 33186** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM / MGRM  
CUEVAS, MICHELE A  
17805 SW FIRST STREET  
PEMBROKE PINES FL 33029** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM / MGRM  
KOHLMAN, STEVEN J  
17805 SW FIRST STREET  
PEMBROKE PINES, FL 33029** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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)

*Attachment*

# GK & K Management, LLC 13810

February 13, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: L00000012776 - GK & K Management, LLC**

As per our conversation, we are providing the Title of each member:

Kohlman, Steven J.	MGRM – Managing Member
Gomez, Mauricio	MGRM – Managing Member
Cuevas, Michele A.	MGRM – Managing Member.

Thank you,

*Steven J. Kohlman*

Steven J. Kohlman  
GK & K Management, LLC  
17805 SW First Street  
Pembroke Pines, FL 33029  
(954) 433-7753