

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000013900

1. Entity Name  
**GERSO INVESTMENTS, L.L.C.**

FILED

01 APR 10 AM 7:54

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 1600 SW 2ND AVE.  
 MIAMI FL 33129

Mailing Address  
 1600 SW 2ND AVE.  
 MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
 65-1057894

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

**SOTELO, HUGO**  
 1611 SW 2ND AVE. #1  
 MIAMI FL 33129

Name **Sotelo, Hugo**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1600 SW 2nd Ave.  
 City **Miami** FL Zip Code **33129**

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 *Hugo Sotelo Valcarlos* **HUGO SOTELO** **04/02/01**  
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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hugo Sotelo Valcarlos* **HUGO SOTELO** **04/02/01** **(305) 609-1082**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)