## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 05, 2002 8:00 am Secretary of State DOCUMENT # L0000013900 1. Entity Name 03-05-2002 90055 032 \*\*\*\*50.00 GERSO INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 10530 NW 26 ST. SUITE F 106 10530 NW 26 ST. SUITE F 106 930445 MIAMI FL 33172 MIAM) FL 33172 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1057894 Not Applicable Zin Country \$5.00 Additional Zip Country 5. Certificate of Status Desired\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hugo A. Sotelo SOTELO, HUGO Street Address (P.O. Box Number is Not Acceptable) 10530 NW 26 Street, Suite F-106 1600 SW 2ND AVE **MIAMI FL 33129** Zip Code **33172** City Miami <del>nt for</del> the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE d title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, ty FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition TITLE TITLE **□** Delete SOTELO, HUGO NAME NAME Sotelo, Hugo A. 1600 SW 2ND AVE STREET ADDRESS STREET ADDRESS 7240 NW 113 Court CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33129** Miami, FL 33178 ☐ Addition Thange ☐ Delete TITLE TITLE SOTELO, NUBIA NAME NAME Sotelo, Nubia STREET ADDRESS STREET ADDRESS 1600 SW 2ND AVE 7240 NW 113 Court CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** Miami, FL 33178 TITLE Ghange ☐ Addition Delete TITLE ALHENA INTERNATIONAL FITTING CORP NAME Alhena International Fitting Corp. NAME STREET ADDRESS STREET ADDRESS 1600 SW 2ND AVE 10530 NW 26 Street, Suite F-106 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33129** Miami FL 33178 TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(305) 463-6774

**FILED**