

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90588 044 \*\*\*\*55.00

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**DOCUMENT # L00000013900**

1. Entity Name

**GERSO INVESTMENTS, L.L.C.**



Principal Place of Business

10530 NW 26 ST. SUITE F 106  
MIAMI FL 33172

Mailing Address

10530 NW 26 ST. SUITE F 106  
MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 524636

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

MIAMI, FL

33152

U.S.A

4. FEI Number **65-1057894**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SOTELO, HUGO**  
10530 NW 26 STREET  
SUITE F-106  
MIAMI FL 33172

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>SOTELO, HUGO</b>	
STREET ADDRESS	<b>7240 NW 113 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>SOTELO, NUBIA</b>	
STREET ADDRESS	<b>7240 NW 113 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>ALHENA INTERNATIONAL FITTING CORP</b>	
STREET ADDRESS	<b>10530 NW 26 STREET, SUITE F-106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Handwritten Signature]*

**HUGO SOTELO**

**04/28/03**

**305-463-6774**

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

Date

Daytime Phone #

CR2E083 (10/02)