

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015596

1. Entity Name

GALLERIA OF CORAL WAY L.L.C.

Principal Place of Business

3052 SW 27<sup>th</sup> Ave. #101  
Miami, FL 33133

Mailing Address

3052 SW 27<sup>th</sup> Ave #101  
Miami, FL 33133

2. Principal Place of Business

3052 SW 27<sup>th</sup> Ave  
Suite, Apt. #, etc. #101

3. Mailing Address

3052 SW 27<sup>th</sup> Ave  
Suite, Apt. #, etc. #101

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1074153

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Renzi, Pasquale  
3052 SW 27<sup>th</sup> Avenue  
#101  
Miami, FL 33133

7. Name and Address of New Registered Agent

Name

Renzi, Pasquale

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

3052 SW 27<sup>th</sup> Avenue #101

City Miami

FL

Zip Code

33133

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

Pasquale Renzi

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

Registered Agent Signature (required when reinstating)

DATE

4/24/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004221560--8

-05/17/01--01019--004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE D  
NAME Renzi, Pasquale  
STREET ADDRESS 3045 LUCAYA STREET  
CITY-ST-ZIP Miami, FL 33133 ☐ Delete

TITLE D  
NAME Renzi, Renzo  
STREET ADDRESS 201 Crandon Blvd. #1105  
CITY-ST-ZIP Key Biscayne, FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
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:

Renzo Renzi

4/24/01

(305) 446 8807

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

Date

Daytime Phone #

CR2E083 (11/00)