

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90129 002 ****55.00

DOCUMENT # L01000005290

1. Entity Name

GAVIOTA HOLDINGS, LLC

Principal Place of Business

Mailing Address

**4413 SO. SEMORAN BLVD., STE 6
 ORLANDO FL 32822**

**4413 SO. SEMORAN BLVD., STE 6
 ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

3936 SO. SEMORAN Blvd

3936 So. Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ste 279

ste. 279

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32822

USA

32822

USA

4. FEI Number

58-2607694

Applied For

Not Applicable

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

URESTE, HOMERO

**4413 SO. SEMORAN BLVD., STE 6
 ORLANDO FL 32822**

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

Homero Ureste

Homero Ureste

July 19th, 2002

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

N/A

☐ Delete

TITLE
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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

**Chairman
 Homero Ureste
 3936 So Semoran Blvd Ste 279
 Orlando, Florida 32822**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 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:

Homero Ureste

July 19th, 2002

407-451-7504

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

Date

Daytime Phone #

CR2E083 (4/02)