

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90090 006 *****50.00

0000025

DOCUMENT # L01000006780

1. Entity Name

GGH&S INVESTMENT CO., LLC



Principal Place of Business

**222 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**

Mailing Address

**222 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0086590

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

**BOOKSTEIN, MERRILL A
COUNSELOR AT LAW, P.A.
2499 GLADES ROAD, SUITE 308
BOCA RATON FL 33431**

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 *Merrill A. Bookstein*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/03

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 **MGR - GORDON, MARTIN** ☐ Delete
NAME **GGH&S MANAGEMENT CO., LLC**
STREET ADDRESS **222 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **PTZ** ☐ Delete
NAME **GORDON, SEYMOUR**
STREET ADDRESS **1201 S. OCEAN DR. APT 1601 N**
CITY-ST-ZIP **HOLLYWOOD, FLA. 33019**

TITLE **PTZ** ☐ Delete
NAME **HAND, MANUEL**
STREET ADDRESS **1201 S. OCEAN DR.**
CITY-ST-ZIP **HOLLYWOOD, FLA. 33019**

TITLE **PTZ** ☐ Delete
NAME **GOLDSWORTH, JACIL**
STREET ADDRESS **1219 BLUE RD.**
CITY-ST-ZIP **CORAL GABLES FL. 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ 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: *Merrill A. Bookstein* SIGNATURE REQUIRED

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

5/1/03

Date

954 261 0158

Daytime Phone #

CR2E083 (10/02)