5/6/2002-90193-011-$50.00-$50.00

5

Amended

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL -2 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000460

1. Entity Name
GOZAR, L. C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8405 NW 53 ST	8405 NW 53 ST
Suite, Apt. #, etc.: C-102	Suite, Apt. #, etc.: C-102
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33166 Country: US	Zip: 33166 Country: US

4. FEI Number: 65-1100016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Antonio Torres
Street Address (P.O. Box Number is Not Acceptable): 1011 Golden Lake Dr
City: Weston FL 33327
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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1st

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUMERSINDO TORRES 8405 NW 53 ST C-102 MIAMI, FLORIDA 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MNGR BELEN MARIA DE TORRES 8405 NW 53 ST C-102 MIAMI, FLORIDA 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MNGR TEODORO TORRES 8405 NW 53 ST C-102 MIAMI, FLORIDA 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MNGR SYLVIA TORRES 8405 NW 53 ST C-102 MIAMI, FLORIDA 33166
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CR2E083B (12/01)

10. 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: _____ ATP. 5/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #