

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 021 ****50.00

DOCUMENT # **L01000009110**

1. Entity Name

GAMA LLC

DO NOT WRITE IN THIS SPACE

951620

2. Principal Place of Business

6955 N.W. 52nd St

3. Mailing Address

6955 N.W. 52nd St.

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

651122021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARCELO PEDRAZA

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

6955 NW 52 STREET SUITE 202

City

MIAMI - FL.

FL

Zip Code

33166

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

X Marcelo Pedraza

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

04-25-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Marcelo Pedraza
6955 NW 52nd St #208
Miami, FLA. 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SALES
GARY HAIN
6955 N.W. 52nd St
Miami, FLA. 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

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:

X Marcelo Pedraza

Marcelo Pedraza P. 04-25-02 305 463 7773

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

Date

Daytime Phone