

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-16-2002 90258 024 ****50.00

DOCUMENT # L01000011214

1. Entity Name

GIBRALTER FACILITIES SVCS. CO. LLC

Principal Place of Business

500 NE 10 AVENUE
FT LAUDERDALE FL 33301

Mailing Address

500 NE 10 AVENUE
FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2677677

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEGGIO, GLORIA CPA
204-22 NW 55 CT
MIAMI FL 33055

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.

SIGNATURE

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	HECTOR V. SALOMONZ	
STREET ADDRESS	500 NE 10th AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL-33301	
TITLE	VICE PRESIDENT & GENL MGR.	<input type="checkbox"/> Delete
NAME	CRISTINA UZCATEGUI	
STREET ADDRESS	2729 SCOTT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL-33026	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	FRANK LEGGIO	
STREET ADDRESS	204-22 NW 55 CT.	
CITY-ST-ZIP	MIAMI, FL-33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

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

1/11/02 954/779-1017
 Date Daytime Phone #

CR2E083 (9/01)