

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0006506

**DOCUMENT # L01000013093**

1. Entity Name

**GULA INTERNATIONAL, LLC**

03-20-2002 90240 050 \*\*\*\*50.00

Principal Place of Business

**1390 BRICKELL AVE., SUITE 200  
 MIAMI FL 33131**

Mailing Address

**1390 BRICKELL AVE., SUITE 200  
 MIAMI FL 33131**

2. Principal Place of Business

**5810 MIAMI LAKES DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**5810 MIAMI LAKES DR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI LAKES, FL**

City & State

**MIAMI LAKES, FL**

4. FEI Number

**65-1138640**

Applied For

Not Applicable

Zip

**33014**

Country

**MIAMI, DADE**

Zip

**33014**

Country

**MIAMI, DADE**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ALVARO CASTILLO B., P.A.  
 1390 BRICKELL AVE., SUITE 200  
 MIAMI FL 33131**

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 **MGR** ☐ Delete  
 NAME **MELLER, GUSTAVO**  
 STREET ADDRESS **1390 BRICKELL AVE., SUITE 200**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☐ Delete  
 NAME **MELLER, LAURA MARIANA**  
 STREET ADDRESS **1390 BRICKELL AVE., SUITE 200**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **5810 MIAMI LAKES DRIVE**  
 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5810 MIAMI LAKES DRIVE**  
 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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: X SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**305.820.0440**

CR2E083 (9/01)