

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015179

1. Entity Name

GILGAR INVESTMENTS, LLC

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90254 020 ****50.00

Principal Place of Business

888 BRICKELL AVENUE, 5TH FLOOR
MIAMI FL 33131

Mailing Address

888 BRICKELL AVENUE, 5TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1134066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELIPE, MARCELL J.D.
C/O NAGEL & FELIPE, LLP
888 BRICKELL AVENUE, 5TH FLOOR
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

5/2/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: DIRECTOR
NAME: LUZ ADRIANA GIL GARZON
STREET ADDRESS: 888 BRICKELL AVENUE, 5TH FLOOR
CITY-ST-ZIP: MIAMI, FLORIDA

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
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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

5/2/02

Date

Daytime Phone #

CR2E083 (9/01)