

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90256 045 ****55.00

DOCUMENT # L01000017805

1. Entity Name

GRAND PRIX STATION LLC

Principal Place of Business

**3550 BISCAYNE BLVD., STE. 204
 MIAMI FL 33137**

Mailing Address

**3550 BISCAYNE BLVD., STE. 204
 MIAMI FL 33137**

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2. Principal Place of Business

3. Mailing Address

3550 Biscayne Blvd.

Suite, Apt. #, etc.

604

City & State

Miami, FL

Zip

33137

Country

USA

City & State

Miami, FL

Zip

33137

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0009458

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAVILANES, AQUILINO
 3550 BISCAYNE BLVD., STE. 204
 MIAMI FL 33137**

Name **GAVILANES, Aquilino**

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

3550 Biscayne Blvd. Suite 604

City **Miami**

FL

Zip Code

33137

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

04-29-2002

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete
 NAME **Aquilino GAVILANES**
 STREET ADDRESS **3550 Biscayne Blvd. Suite 604**
 CITY-ST-ZIP **Miami, Florida, 33137**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E083 (9/01)

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:

SIGNATURE REQUIRED

04-29-2002

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

Date

Daytime Phone #