LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *L01000020867*

1. Entity Name

GENTE DEL SUR, LLC.

DO NOT WRITE IN THIS SPACE

951690

2. Principal Place of Business
2100 SanSouci Blvd

3. Mailing Address
SAME

Suite, Apt. #, etc.
701

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. MIAMI

City & State

4. FEI Number
26-0000677

☐ Applied For
☐ Not Applicable

Zip
33181-

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

$5.00 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Louis D. Zaretsky, ESQ*

Street Address (P.O. Box Number is Not Acceptable)
555 NE 15th St #100

City *MIAMI*   FL   Zip Code *33132*

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.

4/25/02
DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. *MGR* MANAGING MEMBERS / MANAGERS

TITLE	*GRACIELA Perett*	TITLE
NAME	*2100 SANS Souci BLVD #701*	NAME
STREET ADDRESS	*MIAMI FL 33181*	STREET ADDRESS
CITY-ST-ZIP	*MGR*	CITY-ST-ZIP
TITLE	*Nestor Romera*	TITLE
NAME	*2100 SANS Souci BLVD #701*	NAME
STREET ADDRESS	*MIAMI FL 33181*	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

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IN THIS SPACE

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

4/28/01
Date

3053720933
Daytime Phone #