

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90130 030 \*\*\*\*50.00

DOCUMENT # L01000022359

1. Entity Name

GOLLEV-BRA LLC

**DO NOT WRITE IN THIS SPACE**

954369

2. Principal Place of Business

5300 NW 33rd AV

3. Mailing Address

5300 NW 33rd AV.

Suite, Apt. #, etc.

SUITE 119

Suite, Apt. #, etc.

SUITE 119

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS E. VICENTINI

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

5300 N.W. 33rd AV, SUITE 119

City

FORT LAUDERDALE

FL

Zip Code

33309

**DO NOT WRITE  
IN THIS SPACE**

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

*ME: A* LUIS E. VICENTINI

04/23/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
LUIS E. VICENTINI  
5300 N.W. 33rd AV, SUITE 119  
FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*ME: A* LUIS E. VICENTINI

04/23/02

(954) 6770787

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

Date

Daytime Phone #