

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90070 034 ****50.00

DOCUMENT # L01000022608

1. Entity Name

GUPTA REAL ESTATE, LLC



Principal Place of Business

Mailing Address

**1900 S TREASURE DR
5R
MIAMI BEACH FL 33141**

**6538 COLLINS AVENUE #454
MIAMI BEACH FL 33141**

2. Principal Place of Business

23110 SR 54

3. Mailing Address

23110 SR 54

Suite, Apt. #, etc.

#323

Suite, Apt. #, etc.

#323

City & State

LOTZ, FL

City & State

LOTZ, FL

Zip

33549

Country

Zip

33549

Country

4. FEI Number

80-0024852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUPTA, NITA
1900 S TREASURE DRIVE, NO. 5R
NORTH BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent

Name **GUPTA, NITA**

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

23110 SR 54 #323

City

LOTZ

FL

Zip Code

33549

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **GUPTA, NITA**
STREET ADDRESS **6538 COLLINS AVE #454**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition
NAME **GUPTA, NITA**
STREET ADDRESS **23110 SR 54 #323**
CITY-ST-ZIP **LOTZ FL 33549**

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

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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: [Signature]

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

4/28/03

DATE

Daytime Phone #

CR2E083 (10/02)

0017814