

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 006 ****50.00

0022813

DOCUMENT # L02000014007

1. Entity Name

SHAMROCK AT THE GABLES LLC



Principal Place of Business

**C/O CARLOS ZOE CHUMAN
12615 SW 91 STREET
MIAMI FL 33186**

Mailing Address

**C/O CARLOS ZOE CHUMAN
12615 SW 91 STREET
MIAMI FL 33186**

2. Principal Place of Business

2270-80 SW 32nd

Suite, Apt. #, etc.

3. Mailing Address

4001 N. Pine Island

Suite, Apt. #, etc.

City & State

MIA, FL

City & State

Sunrise, FL

Zip

33145

Country

US

Zip

33351

Country

US

4. FEI Number

41-6506489

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

**MARTINEZ-CID, RICARDO
1699 CORAL WAY, SUITE 510
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **ROSA MARIA CHUMAN**

Street Address (P.O. Box Number is Not Acceptable)
4001 N. Pine Island Rd.

City **Sunrise** FL Zip Code **33351**

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).

MANAGER Director
(NOTE: Registered Agent signature required when reinstating)

4/30/03
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 **MGR** ☐ Delete
NAME **CHUMAN, CARLOS ZOE**
STREET ADDRESS **12615 SW 91 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **MGR** ☐ Delete
NAME **CHUMAN, ROSA MARIA**
STREET ADDRESS **12615 SW 91 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **MGR** ☐ Delete
NAME **VUCKOVICH, BRANKO**
STREET ADDRESS **337 MALLARD ROAD**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **MGR** ☐ Delete
NAME **VUCKOVICH, MARIA JOSE**
STREET ADDRESS **337 MALLARD ROAD**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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 REQUIRED

4/30/03

305-598-5800

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

Date

Daytime Phone #

CR2E083 (10/02)