

Dec 18 03 12:07P

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED


03 DEC 18 PM 5:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # **L02000015194**

1. Entity Name
GERIZIM LIMITED LIABILITY COMPANY



Principal Place of Business Mailing Address

**7700 SW 175TH STREET
MIAMI FL 33157** **7700 SW 175TH STREET
MIAMI FL 33157**

2. Principal Place of Business 3. Mailing Address

7850 SW 8th St **Same**

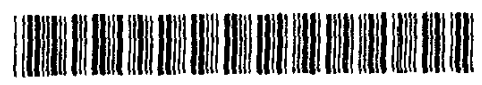
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, FL **Same**

Zip Country Zip Country

33157 **MIAMI-DADE** **33157** **MIAMI-DADE**



12/18 CHECK HERE IF MAKING CHANGES

4. FIC Number Applied For

27-0032016 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLIVOS, ERIC
7700 SW 175TH STREET
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **ERIC OLIVOS**

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

7850 SW 8th St

City **MIAMI** State **FL** Zip Code **33157**

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]* **ERIC S OLIVOS** **9/17/2003** DATE

Signature, typed or printed name of registered agent and filer acceptable (NOTE: Registered Agent signature not acceptable when registering)

FILE NOW!!! FEE IS \$90.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES (MGRM)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM OLIVOS, ERIC 7700 SW 175TH STREET MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CARA HART OLIVOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7850 SW 8th St MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM VENTURA, JOSE A 5288 NW 114 AVE. APT. 108 MIAMI FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	200023445112 09/30/03-01054-010 \$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 108, Florida Statutes.

SIGNATURE: *[Signature]* **ERIC S OLIVOS** **9/17/2003** **305 278 8501**

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

SR2E083 (4/03)