

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 09, 2003 8:00 am
Secretary of State

04-18-2003 90077 012 ****50.00

DOCUMENT # **L02000019035**



1. Entity Name
GILLEN & GILLEN, LLC

Principal Place of Business
**15221 NE 21 AVENUE
N. MIAMI BEACH FL 33162**

Mailing Address
**15221 NE 21 AVENUE
N. MIAMI BEACH FL 33162**

55039344



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		51-0418493		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHAPIRO, IRA R 16375 NE 18TH AVE., STE. 225 N. MIAMI BEACH FL 33162				Name ARLENE GilLEN			
				Street Address (P.O. Box Number is Not Acceptable) 15221 NE 21 AVE			
				City NMB		State FL	

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: *Arlene GilLEN* **ARLENE GilLEN** DATE: **4-17-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR member	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARLENE GilLEN			NAME			
STREET ADDRESS	20841 NE 21 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			CITY-ST-ZIP			
TITLE	MGR member	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Phillip GilLEN			NAME			
STREET ADDRESS	2646 Lee St			STREET ADDRESS			
CITY-ST-ZIP	Hyd-FL 33020			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(1), 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: *Arlene GilLEN* **ARLENE GilLEN** DATE: **4-17-03** DAYTIME PHONE #: **305 944 2464**

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

CR2E083 (10/02)