

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90041 043 \*\*\*\*50.00

**DOCUMENT # L02000019037**

1. Entity Name

**GUEVSON INVESTMENTS LLC**



Principal Place of Business

Mailing Address

**ONE BISCAYNE TOWER  
2 S BISCAYNE BLVD., STE. 2630  
MIAMI FL 33131**

**ONE BISCAYNE TOWER  
2 S BISCAYNE BLVD., STE. 2630  
MIAMI FL 33131**

**20020356**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**51-0418060**

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

7. Name and Address of New Registered Agent

**NORES, TOMAS  
3404 GARDEN AVENUE  
MIAMI BEACH FL 33140**

Name

**DIDIER CHOUKROUN**

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

**2 SOUTH BISCAYNE BLVD - SUITE 2630**

City

**MIAMI**

**FL**

Zip Code

**33131**

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 **CHOUKROUN DIDIER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MGRM** ☐ Delete  
NAME **CHICO SA, PUERTO**  
STREET ADDRESS **3404 GARDEN AVENUE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **PUERTO CHICOSA**  
STREET ADDRESS **2 SOUTH BISCAYNE BLVD # 2630**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGRM** ☐ Delete  
NAME **GUEVARA, ENRIQUE MATISS**  
STREET ADDRESS **3404 GARDEN AVENUE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ENRIQUE MATIAS GARCIA-GUEVARA**  
STREET ADDRESS **2 SOUTH BISCAYNE BLVD #2630**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 60B, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

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

**01-26-03**

**305-371-0333**

Date

Daytime Phone #

CR2E083 (10/02)