

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90075 010 \*\*\*\*50.00

**DOCUMENT # L02000021406**

1. Entity Name  
**GOLD PALM HOLDING LLC**



Principal Place of Business

**815 PONCE DE LEON BLVD.**  
~~SUITE P-301~~  
**CORAL GABLES FL 33134**

Mailing Address

**815 PONCE DE LEON BLVD.**  
~~SUITE P-301~~  
**CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.  
**Suite 201**

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVER J. LANGSTADT, ESQ., P.A.**  
**815 PONCE DE LEON BLVD.**  
~~SUITE P-301~~  
**CORAL GABLES FL 33134**

Name

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

**Suite 201**

City

**FL**

Zip Code

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, typed or printed name of registered agent and not 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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**VENTURA, ENRIQUE** ☒ Delete  
**815 PONCE DE LEON BLVD.**  
**CORAL GABLES FL 33134**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR** ☐ Change ☒ Addition  
**Jaime Maya**  
**815 Ponce de Leon Blvd. #201**  
**Coral Gables, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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.

**Jaime Maya, Mgr.**

**SIGNATURE: SIGNATURE REQUIRED**

**08-14-2003**

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

Date

Daytime Phone #

CR2E083 (4/03)