

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90641 001 \*\*\*200.00

0011978

**DOCUMENT # L02000024427**

1. Entity Name

**GURUTECH OF FT. LAUDERDALE, LLC.**



Principal Place of Business

**400 N. ANDREWS  
SUITE 300  
FT. LAUDERDALE FL 33301  
US**

Mailing Address

**11555 HERON BAY BLVD.  
310  
CORAL SPRINGS FL 33076  
US**

**44003206**



☐ CHECK HERE IF MAKING CHANGES

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

**33-1054305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

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

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 **Corporate Access, Inc.**

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

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>GILROY, ANDREW J</b>	
STREET ADDRESS	<b>11555 HERON BAY BLVD.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>Holland, Keith</b>	
STREET ADDRESS	<b>1717 N. Bayshore Dr.</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Marquez, Sabino</b>	
STREET ADDRESS	<b>7833 Sanibel Drive</b>	
CITY-ST-ZIP	<b>Tamarac, FL 33321</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Canabrava, Heros</b>	
STREET ADDRESS	<b>1704 NE 16 AVE</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33305</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>mella, Miguel</b>	
STREET ADDRESS	<b>1455 Mira Vista Circle</b>	
CITY-ST-ZIP	<b>Weston, FL 33327</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Vega Sr., Juan A.</b>	
STREET ADDRESS	<b>6910 Parquera Street</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>	

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Frette, Barry</b>		
STREET ADDRESS	<b>12238 Washington St.</b>		
CITY-ST-ZIP	<b>Pembroke Pines, FL 33025</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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**

**5/29/03 945-575-7150**

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

Date

Daytime Phone #

CR2E083 (10/02)