

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

0012050

DOCUMENT # L02000027113

1. Entity Name

GURUTECH OF MIRAMAR, LLC.



Principal Place of Business

Mailing Address

2801 SW 149TH AVE.
310
MIRAMAR FL 33027
US

11555 HERON BAY BLVD.
310
CORAL SPRINGS FL 33076
US

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

44003204



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Holland, Keith 1717 N. Bay Shore Dr. Miami, FL 33132	<input type="checkbox"/> Delete	Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gilroy, Andrew 10854 NW 61 CT. Parkland, FL 33076	<input type="checkbox"/> Delete	Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR marquez, Sabino 7833 Sanibel Drive Tamarac, FL 33321	<input type="checkbox"/> Delete	Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Canabrava, Heros 1704 NE 16 Ave Ft. Lauderdale, FL 33305	<input type="checkbox"/> Delete	Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mella, Miquel 1455 Mira Vista Circle Weston, FL 33327	<input type="checkbox"/> Delete	Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Vega, Sr. Juan A. 6910 Barquera Street Coral Gables, FL 33146	<input type="checkbox"/> Delete	Add

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

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

5/22/03 954-575-7150

CR2E083 (10/02)