

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

DOCUMENT # L02000027118

1. Entity Name

GURU TECH OF TAMPA, LLC.



Principal Place of Business

11555 HERON BAY BLVD.
310
CORAL SPRINGS FL 33076

Mailing Address

11555 HERON BAY BLVD.
310
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

44003205



☐ CHECK HERE IF MAKING CHANGES

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

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

5/29/03

954-575-7150

CR2E083 (10/02)

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