

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000204

1. Entity Name

COSME AND ROSSY GOMEZ FAMILY, L.C.

FILED

00 FEB -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6817 RIVIERA DR
CORAL GABLES FL 33146

Mailing Address

6817 RIVIERA DR
CORAL GABLES FL 33146-3532



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0504693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOMEZ, COSME A
6817 RIVIERA DR
CORAL GABLES FL 33146

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.

SIGNATURE

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
MEM GOMEZ, COSME A
STREET ADDRESS 6817 RIVIERA DR
CITY-ST-ZIP CORAL GABLES FL

TITLE NAME ☐ Delete
MEM GOMEZ, ROSSY A
STREET ADDRESS 6817 RIVIERA DR
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☐ Delete
MEM GOMEZ, ERIC C
STREET ADDRESS 6817 RIVIERA DR
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☐ Delete
MEM GOMEZ, LAUREN N
STREET ADDRESS 6817 RIVIERA DR
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☐ Delete
MEM
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MEM
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME 300003127213--8
STREET ADDRESS -02/08/00--01053--020
CITY-ST-ZIP *****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ 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 608, Florida Statutes.

SIGNATURE: ✓

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

✓ 1/18/00 ✓ 3056654387

CR2 (03/19/99)