

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000092

1. Entity Name

G.V. & PARTNERS PROPERTIES L.C.

FILED

01 JAN 26 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2830 FILLMORE STREET, #19  
HOLLYWOOD FL 33020

Mailing Address

1500 S. OCEAN DR.  
#3B  
HOLLYWOOD FL 33019

2. Principal Place of Business

2830 FILLMORE STREET

3. Mailing Address

1500 S. OCEAN DR.

Suite, Apt. #, etc.

#19

Suite, Apt. #, etc.

#3-3

City & State

HOLLYWOOD

City & State

HOLLYWOOD

4. FEI Number

65-0650635

Applied For

Not Applicable

Zip

FL

Country

BROWARD

Zip

FL

Country

BROWARD

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHATKE-RUSS, GUNDULA  
1500 S. OCEAN DR. #9E  
HOLLYWOOD FL 33019

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

*Gundula Schatke-Russ*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/22/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete  
MEM GRABENHORST, UDO  
STREET ADDRESS 1500 S. OCEAN DR. #3B  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE NAME ☐ Delete  
MEM VETTERLEIN, SIEGFRIED  
STREET ADDRESS 1500 S. OCEAN DR. #10E  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE NAME ☐ Delete  
MGRM SCHATKE-RUSS, GUNDULA  
STREET ADDRESS 1500 S. OCEAN DR. #9E  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ 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:

*Gundula Schatke-Russ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/22/01 (954) 9226800  
Date Daytime Phone #

CR2E083 (11/00)