

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002865 AF

**DOCUMENT # L96000000651**

1. Entity Name  
**GOLDEN GATE HOMES, L.C.**

**FILED**  
**00 JAN 27 AM 11:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business  
**7270 NW 12TH STREET PH-I**  
**MIAMI FL 33126**

Mailing Address  
**7270 NW 12TH STREET PH-I**  
**MIAMI FL 33126-1926**

2. Principal Place of Business  
**4781 NW 122 DRIVE**

3. Mailing Address  
**16021 SW 91 CT.**

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**

City & State  
**MIAMI, FL**

Zip  
**33076**

Country  
**BROWARD**

Zip  
**33157**

Country  
**DADE**

4. FEI Number **65-0690442**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z ESQ**  
**7270 NW 12TH STREET PH-I**  
**MIAMI FL 33126**

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 \_\_\_\_\_ (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 STREET ADDRESS CITY-ST-ZIP	MGRM PUPPIO, NIEVES 7270 NW 12TH STREET PH-I MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANG, WILLIE 7270 NW 12TH STREET PH-I MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER NIEVES ZINGG (MGRM) SANTA ROSA DE LIMA #B-1, VENEZUELA CALLE C EDIFICIO ALTO SANO 1, CARACA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HERMANN A. ZINGG (MGRM) 11111 BISCAYNE BLVD. #725 N. MIAMI, FL 33161 (MGRM)	<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

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** **HERMANN D ZINGG** **1/7/2000** **(305) 378-9101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CH083 (9/99)