

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96000001236**

1. Entity Name
GERARDO AND MERCEDER POLANCO-FAMILY, L.C.

Principal Place of Business
**11050 MARIN STREET
CORAL GABLES FL 33156**

Mailing Address
**11050 MARIN STREET
CORAL GABLES FL 33156-4228**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0712849		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POLANCO, GERARDO 11050 MARIN STREET CORAL GABLES FL 33156				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 *Gerardo Polanco* (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				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLANCO, GERARDO A			NAME			
STREET ADDRESS	11050 MARIN STREET			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33156			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLANCO, MERCEDES			NAME			
STREET ADDRESS	11050 MARIN STREET			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33156			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLANCO, CARLA P			NAME			
STREET ADDRESS	11050 MARIN STREET			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33156			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLANCO, RICARDO J			NAME			
STREET ADDRESS	11050 MARIN STREET			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33156			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Gerardo Polanco* **SIGNATURE POLANCO** Date 4-27-00 Daytime Phone # 305 661-1083

CR2E083 (9/99)