

# 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0712849

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

POLANCO, GERARDO  
11050 MARIN STREET  
CORAL GABLES FL 33156

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

*Gerardo Polanco*

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 STREET ADDRESS CITY- ST- ZIP  
MGRM POLANCO, GERARDO A ☐ Delete  
11050 MARIN STREET  
CORAL GABLES FL 33156

TITLE NAME STREET ADDRESS CITY- ST- ZIP  
MEM POLANCO, MERCEDES ☐ Delete  
11050 MARIN STREET  
CORAL GABLES FL 33156

TITLE NAME STREET ADDRESS CITY- ST- ZIP  
MEM POLANCO, CARLA P ☐ Delete  
11050 MARIN STREET  
CORAL GABLES FL 33156

TITLE NAME STREET ADDRESS CITY- ST- ZIP  
MEM POLANCO, RICARDO J ☐ Delete  
11050 MARIN STREET  
CORAL GABLES FL 33156

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition  
500003272505--8  
-05/31/00-01086-006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

*Gerardo Polanco*

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

Date

Daytime Phone #

4-27-00 305 661-1083

CR2E083 (9/99)