

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000476

1. Entity Name
GAF HOLDINGS L.C.

FILED

00 JAN 24 PM 3:46

Principal Place of Business
4440 N.W. 74TH AVENUE
MIAMI FL 33166

Mailing Address
4440 N.W. 74TH AVENUE
MIAMI FL 33166-6443

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0755191

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULIDO, GABRIEL
4440 N.W. 74TH AVENUE
MIAMI FL 33166

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

10. ADDITIONS/CHANGES

TITLE NAME MEM
PULIDO, JANET
STREET ADDRESS 4440 N.W. 74TH AVENUE
CITY- ST- ZIP MIAMI FL 33166 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
200003118392--2
-02/01/00--01068--007
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MEM
PULIDO, GABRIEL
STREET ADDRESS 4440 N.W. 74TH AVENUE
CITY- ST- ZIP MIAMI FL 33166 ☐ Delete

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

TITLE NAME MEM
PULIDO, GABRIEL E
STREET ADDRESS 4440 N.W. 74TH AVENUE
CITY- ST- ZIP MIAMI FL 33166 ☐ Delete

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

TITLE NAME MEM
PULIDO, ALBA
STREET ADDRESS 4440 N.W. 74TH AVENUE
CITY- ST- ZIP MIAMI FL 33166 ☐ Delete

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

TITLE NAME MEM
PULIDO, LUIS F
STREET ADDRESS 4440 N.W. 74TH AVENUE
CITY- ST- ZIP MIAMI FL 33166 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

Gabriel Pulido 01-18-00- 305-477-3611