

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000372

1. Entity Name

GILAZO HOLDINGS, L.C.

FILED

00 JAN 18 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2875 N.E. 191ST STREET, PH-1
AVENTURA FL 33180

Mailing Address

2875 N.E. 191ST STREET, PH-1
AVENTURA FL 33180-2841

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 630817

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33163

Country

4. FEI Number

65-0826807
APPLIED FOR

Applied For

Not Applied For

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ.
88 N.E. 168TH STREET
NORTH MIAMI BEACH FL 33162

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

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 MGR
NAME AZOUT, JACK
STREET ADDRESS 2875 N.E. 191ST STREET, PH-1
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE MGR
NAME GILINSKI, SAUL
STREET ADDRESS 2875 N.E. 191ST STREET, PH-1
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

700003112447--5
-01/27/00--01023--002
*****55.00 *****55.00 ☐ Change ☐ Addition

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

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

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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 #

1/12/00 (305) 935-5175