

2000 UNIFORM BUSINESS REPORT (UBR)

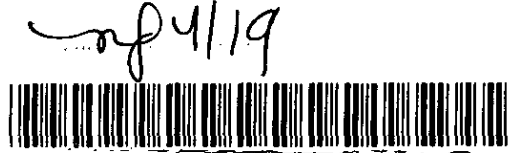
APPROVED
AND
FILED

DOCUMENT # L98000000971

1. Entity Name
G.A.S.A., L.C.

00 APR -3 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
841 COLLINS AVENUE, SUITE 100
MIAMI FL 33139

Mailing Address
841 COLLINS AVENUE, SUITE 100
MIAMI FL 33139-5807

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0848533

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABRIEL, ERIC
1100 WEST AVE
#4
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

841 COLLINS AVE
MIAMI BEACH

City

FL

Zip Code 33139

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

3.31.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GABRIEL, ERIC
STREET ADDRESS 841 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP *****55.00 *****55.00

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STREET ADDRESS
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:

SIGNATURE REQUIRED

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

3.31.00 3056733767

Date

Daytime Phone #

CR2E083 (9/99)