

2000 UNIFORM BUSINESS REPORT (UBR) APPROVED AND FILED

1003338 AF

DOCUMENT # **L98000002406**

1. Entity Name
G & G FEINKOST, L.C.

00 MAR 20 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/29

Principal Place of Business

5580 NE 4TH CT

D

MIAMI FL 33137

Mailing Address

5580 NE 4TH CT

D

MIAMI FL 33137-2694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0848533

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

6640 NE 4th COURT

miami

City

FL

Zip Code

33138

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

3/5/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
GABRIEL, ERIC
STREET ADDRESS
8801 N.E. 10TH AVENUE
CITY-ST-ZIP
MIAMI FL 33138

TITLE NAME ☒ Change ☐ Addition
ERIC GABRIEL
STREET ADDRESS
6640 NE 4th COURT
CITY-ST-ZIP
MIAMI FL 33138

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
Manger/Partner
Sebastian Meyer
STREET ADDRESS
6640 NE 4th COURT
CITY-ST-ZIP
MIAMI FL 33138

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
200003195622--8
-04/04/00--01086--010
*****55.00 *****55.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

3.15.00

CR2E083 (9/99)