2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000000684

1. Entity Name
GRAY & WHITE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
606 SOUTH BOULEVARD	606 SOUTH BOULEVARD
TAMPA FL	TAMPA FL
33606	33606

2. Principal Place of Business	3. Mailing Address
	606 S. BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State TAMPA FL
Zip / Country	Zip 33606 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3555736 ☐ 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
GOJMAN JORGE	Name: GOJMAN JORGE
204 W DAVIS BLVD	Street Address (P.O. Box Number is Not Acceptable): 606 S. BOULEVARD
TAMPA FL	City: TAMPA FL
33606 US	Zip Code: 33606

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 ______________________ 01/21/2000
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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOJMAN JORGE		NAME	
STREET ADDRESS	204 W DAVIS BLVD		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.