

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002206

1. Entity Name
GUASO LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB - 1 PM 12:00

Principal Place of Business
6830 NW 16TH TERRACE
FORT LAUDERDALE FL 33309

Mailing Address
6830 NW 16TH TERRACE
FORT LAUDERDALE FL 33309-1518



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0977785

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

Name

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

City

FL

Zip Code

CARPENTER, JOSEPH E JR.
6682 NW 16 TERRACE
FORT LAUDERDALE FL 33309

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 NAME MGRM CROMBET, LTD. ☐ Delete
STREET ADDRESS 7080 NW 4 STREET
CITY- ST- ZIP PLANTATION FL 33317

TITLE NAME MGRM MOLA, ANA ☐ Delete
STREET ADDRESS 6830 NW 16TH TERRACE
CITY- ST- ZIP FORT LAUDERDALE FL 33309

TITLE NAME MGRM MOLA, LUIS ☐ Delete
STREET ADDRESS 6830 NW 16TH TERRACE
CITY- ST- ZIP FORT LAUDERDALE FL 33309

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003123206--3
CITY- ST- ZIP -02/03/00--01102--018

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY- ST- ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/10/00 954-202-8600