

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002383

1. Entity Name

GECKO RESEARCH, L.L.C.

FILED

00 JAN 20 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

603903



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3738 N.W. 81ST STREET
MIAMI FL 33147

Mailing Address

3738 N.W. 81ST STREET
MIAMI FL 33147-4447

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2190 COVE LANE

City & State

City & State

WESTON FL

Zip

Country

Zip

Country

33326

4. FEI Number

65-0915670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERBERT, CURTIS J
10081 PINES BLVD., SUITE E
PEMBROKE PINES FL 33024

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 ☐ Delete
NAME LIMA, ALEJANDRO
STREET ADDRESS 2190 COVE LANE
CITY- ST- ZIP WESTON FL 33326

TITLE MGR ☐ Delete
NAME LOPEZ, ADRIAN
STREET ADDRESS 10125 S.W. 78TH COURT
CITY- ST- ZIP MIAMI FL

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ADDITIONS/CHANGES

☐ Change ☐ Addition

100003117951--7

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*****50.00 *****50.00

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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

01-12-00 954 609 7189

Date

Daytime Phone #