

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006798 AF

**DOCUMENT # L99000004431**

**1. Entity Name**  
**CLUB GEAR, L.L.C.**

**Principal Place of Business**

**Mailing Address**

8004 NW 154 ST.  
#160  
MIAMI FL 33016

8004 NW 154 ST.  
#160  
MIAMI FL 33016

FILED

01 JUN -4 AM 10:08



DO NOT WRITE IN THIS SPACE

**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**

65-0931145

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**

JUMPINGJAXTAX.COM, INC  
1940 HARRISON STREET, #200-B  
HOLLYWOOD FL 33020

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**

**10. ADDITIONS / CHANGES**

TITLE NAME ☐ Delete  
MGRM  
MONFRIES, MICHAEL  
STREET ADDRESS 420 NW 203 AVE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE NAME ☐ Change ☐ Addition  
200004420142--2  
-06/14/01--01074--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
MGRM  
WESTMORE, CARLOS  
STREET ADDRESS 14100 NW 6 CT., #211  
CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
MGRM  
WILLIAMS, ELLIS  
STREET ADDRESS 6510 SW 3RD ST.  
CITY-ST-ZIP MIRAMAR FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)