

2000 UNIFORM BUSINESS REPORT (UBR) AND

APPROVED
FILED

DOCUMENT #

L99000005787

1. Entity Name

GERS U.S.A. LLC

00 MAR 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

842 SW 17 St.
Ft. Lauderdale, FL 33315

842 SW 17 St.
Ft. Lauderdale,
Florida 33315

mf 4/16

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

65-0960644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gerstein, William
1300 N Federal Hwy, Suite 203
Boca Raton, FL 33432

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

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

Managing Member

☐ Change

☒ Addition

Juan M. Gers

STREET ADDRESS
CITY-ST-ZIP

842 SW 17 St.
Ft. Lauderdale, FL 33315

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Change

☐ Addition

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Change

☐ Addition

500003203565-6

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

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Change

☐ Addition

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Change

☐ Addition

TITLE
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☐ Delete

STREET ADDRESS
CITY-ST-ZIP

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:

Juan M. Gers, Managing Member

03/13/2000

954-467-
9641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)