

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000005787

FILED  
Feb 10, 2003  
Secretary of State

Entity Name: GERS U.S.A. LLC

## Current Principal Place of Business:

2645 EXECUTIVE PARK DR.  
SUITE 111  
WESTON, FL 33331

## New Principal Place of Business:

## Current Mailing Address:

2645 EXECUTIVE PARK DR.  
SUITE 111  
WESTON, FL 33331

## New Mailing Address:

FEI Number: 65-0960644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERSTEIN, WILLIAM  
1300 N FEDERAL HWY, STE 203  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

GERSTEIN, WILLIAM  
700 S FEDERAL HWY, STE 200  
BOCA RATON, FL 33432 US

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: WILLIAM GERSTEIN

02/10/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: GERS, JUAN M  
Address: 2645 EXECUTIVE PARK DR., #111  
City-St-Zip: WESTON, FL 33331

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GERS, JUAN M  
Address: 2645 EXECUTIVE PARK DR., #111  
City-St-Zip: WESTON, FL 33331 US

Title: MGRM ( ) Change (X) Addition  
Name: VARGAS, CARLOS  
Address: 2645 EXECUTIVE PARK DR., #111  
City-St-Zip: WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGRM

02/10/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date