2000 UNIFORM BUSINESS REPORT (UBR)

000A96 AF

DOCUMENT # L99000006504

1. Entity Name
GASPAIS USA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:10

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD., STE 603 MIAMI FL 33156	9200 S. DADELAND BLVD., STE 603 MIAMI FL 33156-2714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2612 SAWGRASS MILLS CIR.	304 PALERMO AVE.
Suite, Apt. #, etc.: # 1511	Suite, Apt. #, etc.:
City & State: SUNRISE, FL	City & State: CORAL GABLES, FL
Zip: 33323 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0956258 ☐ 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
CUEVAS, ANDREW 9200 S. DADELAND BLVD.; STE 603 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) 500003132085--1 -02/11/00--01013--015 *****50.00 *****50.00 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER. SILCERIO TORRES 10770 NW 66 ST #404 MIAMI-FL-33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER. ARMIDA SALUS DE TORRES 10770 NW 66 ST #404 MIAMI-FL-33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER. HERNAN CUADRADO D 10770 NW 66 ST # 404 MIAMI-FL 33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER. IRNA ESPERANZA TORRES G 10770 NW 66 ST #404 MIAMI-FL-33178.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER. OSCAR FERNANDO SOLANO 10770 NW 66 ST # 404 MIANI-FL-33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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: _____ 01/28/00 954 838-0620 305-594-9112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #