

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006606**

1. Entity Name
GRANIZO, L.L.C.

FILED

00 JAN 20 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16329 NW 14TH STREET
PEMBROKE PINES FL 33028

Mailing Address
16329 NW 14TH STREET
PEMBROKE PINES FL 33028-1315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0960474

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UPEGUI, GENOVEVA
16329 NW 14TH STREET
PEMBROKE PINES FL 33028

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 ☐ Delete
NAME **MGR**
STREET ADDRESS **UPEGUI, GENOVEVA**
CITY- ST- ZIP **16329 NW 14TH STREET**
PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

7000003112367--5
-01/27/00--01000001
*******50.00 *****50.00**

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STREET ADDRESS
CITY- ST- ZIP

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:

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

Date

Daytime Phone #

1-11-00 954-438-730