

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007494

1. Entity Name

GIRARDOT L.L.C.

FILED

00 JAN 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

Principal Place of Business

780 N.W. 42ND AVENUE, SUITE 416
MIAMI FL 33126

Mailing Address

780 N.W. 42ND AVENUE, SUITE 416
MIAMI FL 33126-5536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10501 N.W. 50th ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite #111

City & State

SUNRISE, FL.

City & State

4. FEI Number

65-0958417

Applied For

Not Applied For

Zip
33351

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERG, CATALINA

780 N.W. 42ND AVENUE, SUITE 416

MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

BERG, CATALINA

Street Address (P.O. Box Number is Not Acceptable)

13031 N.W. 1st ST. TOWER 9 #209

City

PEMBROKE PINES

FL

Zip Code
33028

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

Catalina Berg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME BERG, CATALINA
STREET ADDRESS 780 N.W. 42ND AVENUE, SUITE 416
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME BERG, CATALINA
STREET ADDRESS 13031 NW 1ST. TOWER 9 #209
CITY-ST-ZIP PEMBROKE PINES, FL. 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700003105667--7
CITY-ST-ZIP -01/21/00--01013--009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Catalina Berg CATALINA BERG MGR.

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

Date

Daytime Phone #

1/11/00

954-747-8180