

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008201**

1. Entity Name

GERRITS FAMILY OVERSEAS INVESTMENT LLC

Principal Place of Business

3550 BISCAYNE BLVD
STE 401
MIAMI FL 33137

Mailing Address

3550 BISCAYNE BLVD
STE 401
MIAMI FL 33137

2. Principal Place of Business

3501 NW 2 Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 370606

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33127

Country
U.S.A.

Zip
33137

Country
U.S.A.

6. Name and Address of Current Registered Agent

**LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, 3550
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131**

4. FEI Number

65-0964595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GERRITS, MICHAEL J
3550 BISCAYNE BLVD., STE 401
MIAMI FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GERRITS, MICHAEL J.
3501 NW 2 Ave.
MIAMI FL 33127** ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**MICHAEL J. GERRITS,
MGR 3-27-01 305-573-2465**

FILED
01 MAR 30 PM 3:43
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)