

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005462
AF

DOCUMENT # **L99000008374**

1. Entity Name
G.B. REMODELING LLC.

00 APR 17 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316**

Mailing Address
**721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316-2927**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-097 0104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMOTHE, FERNAND
721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316**

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**

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

**MGR
BOSSE, GASTON
221 COMMERCIAL ST. LOUIS DU HA HA QU
CANADA GOL -3S4**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000003228940-7
-04/28/00--01075-003
*******50.00 *****50.00**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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:

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

Date

Daytime Phone #

CR2E083 (9/99)