LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # $_{
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1. Entity Name

FILED Apr 02, 2002 8:00 am Secretary of State

04-02-2002 90081 049 ****50.00

G.B. REMODELING LLC 755552 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
7800 W. OAKLAND PARK BLVD. 3. Mailing Address 7800 W. OAKLAND PARK BLVD. Suite, Apt. #, etc.
BUILDING "G" Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BUILDING "G" 4, FEI Number 65-0970104 Applied For SUNRISE, FLORIDA SUNRISE, FLORIDA Not Applicable Zio Country USA USA \$5.00 Additional 33351 5. Certificate of Status Desired \Box 33351 USA Fee Required - 7. Name and Address of Current Registered Agent Name REJEAN LAPIERRE DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD IN THIS SPACE BUILDING "G" City | Zip Code |33351 SUNRISE 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 FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. MGR ŤΙΤΙΕ TITLE CR2E083B (12/01 BOSSE, GASTON 221 COMMERCIAL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST-LOUIS DU HA HA, PQ. CAN. GOL 3S TITLE NAME NÄME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP