

**2001 UNIFORM BUSINESS REPORT (UBR)**

0010145 AF

**DOCUMENT # M98000001598**

1. Entity Name  
**G.F.B. ENTERPRISES, LLC**

Principal Place of Business: **10943 S. DIXIE HIGHWAY MIAMI FL 33156**  
Mailing Address: **10943 S. DIXIE HIGHWAY MIAMI FL 33156**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **52-2136189** Applied For:  Not Applicable:

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

**FILED**  
**01 FEB 22 AM 10:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

DATE: **02/26/01--01147--008**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: <b>MGR</b> NAME: <b>BEAN, GERALD F</b> STREET ADDRESS: <b>641 LEUCADENDRA</b> CITY-ST-ZIP: <b>CORAL GABLES FL 33156</b>	<input type="checkbox"/> Delete	TITLE: <b>Treasurer/CFO / MGR</b> NAME: <b>Robert F. Harter</b> STREET ADDRESS: <b>8721 S. E. Somerset Island Way</b> CITY-ST-ZIP: <b>Jupiter, Fl 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **REQUIRED** Date: **2/19/01** (305) 665-6581

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

CR2E083 (11/00)