

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90055 032 ****50.00

DOCUMENT # L00000013900

1. Entity Name
GERSO INVESTMENTS, L.L.C.

Principal Place of Business Mailing Address
10530 NW 26 ST. SUITE F 106 **10530 NW 26 ST. SUITE F 106**
MIAMI FL 33172 **MIAMI FL 33172**

930445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-1057894** Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

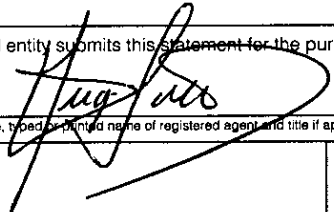
6. Name and Address of Current Registered Agent

SOTELO, HUGO
1600 SW 2ND AVE
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name **Hugo A. Sotelo**
Street Address (P.O. Box Number is Not Acceptable)
10530 NW 26 Street, Suite F-106
City **Miami** **FL** **Zip Code** **33172**

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  **02/18/02**
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	SOTELO, HUGO	
STREET ADDRESS	1600 SW 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	SOTELO, NUBIA	
STREET ADDRESS	1600 SW 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	ALHENA INTERNATIONAL FITTING CORP	
STREET ADDRESS	1600 SW 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sotelo, Hugo A.	
STREET ADDRESS	7240 NW 113 Court	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sotelo, Nubia	
STREET ADDRESS	7240 NW 113 Court	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alhena International Fitting Corp.	
STREET ADDRESS	10530 NW 26 Street, Suite F-106	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **REQUIRED**

02/18/02 **(305) 463-6774**
(305) 468-9180
 Date Daytime Phone #

CR2E083 (9/01)