

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0012903

DOCUMENT # L02000023765

1. Entity Name

GJB CONSULTING ACQUISITION LLC

*WRONG NAME*



FILED

03 MAY 12 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business

100 S.E. 2ND STREET  
3600  
MIAMI FL 33131  
US

Mailing Address

100 S.E. 2ND STREET  
3600  
MIAMI FL 33131  
US

2. Principal Place of Business

*100 SE 2ND ST.*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

*# 3600*

Suite, Apt. #, etc.

City & State

*MIAMI, FL*

City & State

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BINGHAM, J. REID  
100 S.E. 2ND STREET  
3600  
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003

800018802388  
05/12/03--01033--014 \*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<i>PRESIDENT JOHN GENOVESE 100 SE 2 ST #3600 MIAMI FL 33131</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>SECRETARY MIKE JOBLOVE 100 SE. 2 ST. #3600 MIAMI FL 33131</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>VICE PRESIDENT/TREASURER AL MALOOK SR. 100 SE 2 ST. #3600 MIAMI FL 33131</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>VICE PRESIDENT PAUL J. BATTISTA 100 SE 2ND ST. #3600 MIAMI, FL 33131</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Al Malook Sr.*

*4/21/03*

*305-349-2300*

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

Date

Daytime Phone #

CR2E083 (10/02)