

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013591 AF

DOCUMENT # A00000001492

1. Entity Name

GCTMT, LTD.

FILED

01 APR 23 AM 10:29

Principal Place of Business

8890 WEST OAKLAND PARK BLVD., SUITE 201  
FORT LAUDERDALE FL 33351

Mailing Address

8890 WEST OAKLAND PARK BLVD., SUITE 201  
FORT LAUDERDALE FL 33351

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1046343

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, ROBERT W JR, ESQ  
C/O FRAZIER, HOTTE & ASSOCIATES, P.A.  
2400 E. COMMERCIAL BLVD., SUITE 826  
FORT LAUDERDALE FL 33351

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

9. Capital Contributions  
as Shown on record.

\$125,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M89579  
NAME ECHION U.S.A., INC.  
STREET ADDRESS 8890 WEST OAKLAND PARK BLVD., SUITE 201  
CITY-ST-ZIP FORT LAUDERDALE FL 33351

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DANIEL HOTTE 4/10/01 954-749-8995  
Date Daytime Phone #

CR2E003 (11/00)