

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005697

Entity Name
G INVESTMENTS, LTD., INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90133 050 ***150.00

Principal Place of Business
EDDIE TRUMP
4000 ISLAND BLVD
MIAMI BCH FL 33160

Mailing Address
%EDDIE TRUMP
4000 ISLAND BLVD
N MIAMI BCH FL 33160



Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0735616** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUMP, JULIUS			NAME			
STREET ADDRESS	4000 ISLAND BLVD			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL 33160			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUMP, EDDIE			NAME			
STREET ADDRESS	4000 ISLAND BLVD			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL 33160			CITY-ST-ZIP			
TITLE	DEVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEB, JAMES M			NAME			
STREET ADDRESS	4 STAGE COACH RUN			STREET ADDRESS			
CITY-ST-ZIP	E BRUNSWICK NJ 08816			CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROPEY, CARTIE			NAME			
STREET ADDRESS	C/O TRUMP GROUP, 4000 ISLAND BLVD			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33160			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, KEN			NAME			
STREET ADDRESS	4000 ISLAND BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160			CITY-ST-ZIP			
TITLE	M	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERK, HOWARD			NAME			
STREET ADDRESS	4000 ISLAND BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160			CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carite Torpey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carite Torpey Assistant Vice President

1/18/02

Date

732-390-9400

Daytime Phone #

CR2E034 (9/01)