

2001 UNIFORM BUSINESS REPORT (UBR)

0011283 AF

DOCUMENT # L00000000180

1. Entity Name
3G INVESTORS, L.L.C.

FILED

01 APR 16 AM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
20803 BISCAYNE BLVD.
SUITE 200
AVENUTRA FL 33180

Mailing Address
20803 BISCAYNE BLVD.
SUITE 200
AVENUTRA FL 33180

2. Principal Place of Business
4000 Hollywood Blvd.
Suite, Apt. #, etc.
265-S

3. Mailing Address
4000 Hollywood Blvd.
Suite, Apt. #, etc.
265-S

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33021

Country
USA

Zip
33021

Country
USA

FEI Number
65-0972097

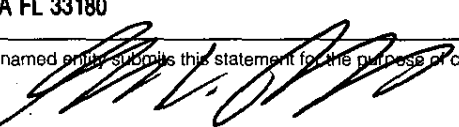
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, GARY L ESQ
20803 BISCAYNE BLVD.
SUITE 200
AVENUTRA FL 33180

7. Name and Address of New Registered Agent
Name
Gary L. Brown, Esq.
Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.
Suite 265-S
City
Hollywood FL Zip Code
33021

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) DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, GARY L. 20803 BISCAYNE BLVD. AVENUTRA FL 33180	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gary L. Brown 4000 Hollywood Blvd., # 265-S Hollywood, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

 SIGNATURE REQUIRED GARY L. BROWN

Date
March 8, 2001

Daytime Phone #

954 894
8000

CR2E083 (11/00)