2001 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L0000003571 GVC INVESTMENTS, L.L.C.						FILED JUN 13 AM I	D: 04		
Principal Place of Business Mailing Address						 			
17878 NORTH SUNNY ISLES	H BAY ROAD #303 S FL 33160	17878 NORTH BAY F SUNNY ISLES FL 331	RTH BAY ROAD #303 LES FL 33160		TALI	RETARY OF STA LAHASSEE, FLO	RIDA		
Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	е	City & State	City & State		4. FEI Number 65 -0995167 X Applied For Not Applicable				
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
			ا المستعد	Name					
.=	HERNAN ORTH BAY ROAD #303	•		Street Address (P.O. Box Number is Not Acceptable)					
	SLES FL 33160			City		- :	Zip Cod	le	
8. The above	named entity submits this statement fo	r the purpose of changing	g its registered	d office or registe	red agent, or b	ooth, in the State of Flo			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agent signature required	d when reinstating)	<u> </u>	DATE		
FILE Make Check P				EE-IS-\$50.00 Department of	I	ا			
9.	MANAGING MEMBI	ERS/MEMBERS	10.		I.	ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - MANAGE HERNAN GLEVER 17878 N. BAY Rd. # 303. PL. 33160	SULLY ESLES	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		,	☐ Change	☐ Addition []	
TITLE NAME STREET ADDRESS CYTY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	-5	300004 -06/20	□ Change 433313 /0101097 50.00 _*****		
TITLE NAME STREET ADDRESS - CITY-ST-ZIP		Delete	TITLE NAME STREET	T ADDRESS ST-ZIP	بيت السيدريين	44444	50.111	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	F ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET CITY-S	r address St-zip		,	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	r address st-zip			☐ Change	☐ Addition	
11. I hereby of indicated limited lies	certify that the information supplied with on this report is true and accurate and billity company of the received of trustee.	this filing does not qualif that my signature shall ha	ave the same	legal effect as if r	nade under oa	ath: that I am a manad	further certify that the i	nformation er of the	

THERIAN GLEIZER HANGER

04/06/01

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