

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L000000015002**

1. Entity Name

**G-TECH INVESTMENTS, LLC**

FILED

01 MAY 22 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

**18671 COLLINS AVE.**

3. Mailing Address

**P.O. BOX 80 24 01**

Suite, Apt. #, etc.

**APT 1003**

Suite, Apt. #, etc.

City & State

**SUNNY ISLES FL**

City & State

**AVENTURA FL 33280-2401**

Zip

**33160**

Country

Zip

**33280-2401**

Country

4. FEI Number

**65-1065324**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGO SALGADO**

**18671 COLLINS AVE. # 1003**

**SUNNY ISLES FL 33160**

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.

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 Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE **DR. / MEMBER** ☐ Delete  
NAME **RODRIGO SALGADO**  
STREET ADDRESS **18671 COLLINS AVE. #1003**  
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MEMBER** ☐ Change ☐ Addition  
NAME **MONICA PREZZI**  
STREET ADDRESS **18671 COLLINS AVE. #1003**  
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Rodrigo Salgado** **RODRIGO SALGADO** **5/10/01 (765) 464-0926**

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

DATE

Signature Fee: \$

CR2E083 (11/00)