

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO00000 15613**

1. Entity Name

GT GROUP NORTH CAROLINA, LLC

FILED

01 JUN 13 AM 11:09

Principal Place of Business

Mailing Address

**4800 S.W. 74th Court
Miami, FL 33155**

**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

ep AGI Registered Agents, Inc.

1200 Brickell Ave., Ste. 900

Miami, Florida

33131

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

AGI Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue

Suite 900

City

Miami

FL

Zip Code

33131

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

President

6/15/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

100004460751--2

-07/05/01--01106--011

*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR.
Garcia-Tuñon, Guillermo F
4800 S.W. 74th Court
Miami FL 33155** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR.
Garcia-Tuñon, Guillermo R
4800 S.W. 74th Court
Miami, FL 33155** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR.
Garcia-Tuñon, José J.
4800 SW 74th Court
Miami FL 33155** ☐ Delete

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

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

Date

Daytime Phone #

Signature: [Signature], etc. in foot

6/15/01

CR2E083 (11/00)