

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90161 006 ****50.00

DOCUMENT # L01000008127

1. Entity Name

GCM INVESTMENTS, LLC

Principal Place of Business

**3517 N. LECANTO HIGHWAY
 BEVERLY HILLS FL 34465**

Mailing Address

**3517 N. LECANTO HIGHWAY
 BEVERLY HILLS FL 34465**

2. Principal Place of Business

2726 N. Florida Ave

3. Mailing Address

2320 N. St. Johns Pt.

Suite, Apt. #, etc.

Hernando

Suite, Apt. #, etc.

City & State

Hernando FL

City & State

Hernando, FL

Zip

34442

Country

USA

Zip

34442

Country

USA

4. FEI Number

59-375-7453

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GULIVINDALA, VAIKUNTA M
 3517 N. LECANTO HIGHWAY
 BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

Name **Gulivindala, Vaikunta M. Ravi**

Street Address (P.O. Box Number is Not Acceptable)
2320 N. St. Johns Pt.

City **Hernando**

FL

Zip Code **34442**

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 **Ravi Gulivindala**
~~Vaikunta M. Gulivindala~~

DATE **1/26/01**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **President/owner**
 NAME **Gregory magagliano**
 STREET ADDRESS **2320 N. St. Johns Pt**
 CITY-ST-ZIP **Hernando, FL 34442**

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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 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: **Gregory Magagliano**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **1/27/02** DAYTIME PHONE # **352-746-3763**

CR2E083 (9/01)