2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State
08-05-2002 90011 028 ****50.00

DOCUMENT # L01000011190

1. Entity Name
G & E INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 546945	P.O. Box 546945
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE, Fl	City & State: SURFSIDE, FL
Zip: 33154 Country: U.S.A	Zip: 33154 Country: U.S.A.

4. FEI Number: 59-2505627 ☐ 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
HERSMAN, MOSES 1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	Name: HERSMAN, Moses Street Address (P.O. Box Number is Not Acceptable): 3530 Mystic Pointe Dr #3115 City: Aventura **FL** Zip Code: 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE x [signature] Moses Hersman — 7/26/02
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 September 25, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HERSMAN, MOSES 1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	☐ Delete	MGR HERSMAN, MOSES P.O. BOX 546945 SURFSIDE, Fl. 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHERMAN, OFELIA 1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	☐ Delete	MGR SHERMAN, OFELIA P.O. Box 546945 SURFSIDE, Fl. 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (4/02)

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 — 7/26/02 — (305) 868-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #