

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90105 048 ****55.00

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DOCUMENT # L02000003119



1. Entity Name
GEB INVESTMENTS, LLC

Principal Place of Business
**950 S.E. 12TH STREET
HIALEAH FL 33010**

Mailing Address
**950 S.E. 12TH STREET
HIALEAH FL 33010**

2. Principal Place of Business
111 NE 1ST ST

3. Mailing Address
111 NE 1ST ST.



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
8TH FLOOR

Suite, Apt. #, etc.
8TH FLOOR

City & State
Miami FL.

City & State
Miami FL.

4. FEI Number
03-03 87587

Applied For
☐ Not Applicable

Zip
33132

Country
USA

Zip
33132

Country
USA

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

**GUTTER, JOSEPH & RUFFIN
100 W. CYPRESS CREEK ROAD
SUITE 900
FT LAUDERDALE FL 33309**

Name
Anne Batchelor-Robjohn
Street Address (P.O. Box Number is Not Acceptable)

111 NE 1ST ST

City
Miami FL

FL

Zip Code
33132

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 **Anne Batchelor-Robjohn**, **ANNE BATCHELOR-ROBJOHN**, **4-23-03**
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SECRETARY - AEROSPACE FINANCE CORP., AS MGR.
SIGNATURE **Anne Batchelor-Robjohn**, **4-23-03**, **305 416-9066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #