2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014028

1. Entity Name

GLOBAL TRUST INVESTMENTS, LLC

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90005 034 ****50.00

Principal Place of Business	Mailing Address
907 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009	907 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009

~~~00249DJ~~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address P.O. BOX 814623
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Hollywood F.L.

Zip	Country	Zip 33081	Country U.S

4. FEI Number **753067403** | 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
GUITA, JOSEPH 907 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE **MGRM** NAME **GUITA, JOSEPH** STREET ADDRESS **907 WEST HALLANDALE BEACH BLVD.** CITY-ST-ZIP **HALLANDALE FL 33009**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 Joseph Guita_   1.10.03   954-661-6488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #