FILED
Jun 09, 2003 8:00 am
Secretary of State
04-16-2003 90030 004 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018259

1. Entity Name
GTG INVESTMENT LIMITED COMPANY

Principal Place of Business	Mailing Address
7811 SANIBEL DRIVE TAMARAC FL 33321	7811 SANIBEL DRIVE TAMARAC FL 33321

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
7811 Sanibel Dr	7811 Sanibel Dr	16-1620414	Applied For / Not Applicable
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.		
City & State Tamarac, FL	City & State Tamarac, FL	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required
Zip 33321 Country Broward	Zip 33321 Country Broward		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALCINDOR, LAURENCE 7811 SANIBEL DRIVE TAMARAC FL 33321	Name [illegible], [illegible] Street Address (P.O. Box Number is Not Acceptable) [illegible] City [illegible] FL Zip Code [illegible]

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Owner~~ MGRM Laurence ALcindor 7811 Sanibel Drive Tamarac, FL 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Laurence Alcindor Laurence ALcindor 4/08/03 3/20/03 9542530282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Laurence Alcindor
Laurence Alcindor 05/05/03
Laurence Alcindor 06/02/03