

2000 UNIFORM BUSINESS REPORT (UBR)

0003671 AF

DOCUMENT # L980000000005

1. Entity Name
G.D.L. CONSULTING GROUP, L.C.

FILED

00 JAN 21 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6538 COLLINS AVENUE, #416 MIAMI BEACH FL 33141	Mailing Address 6538 COLLINS AVENUE, #416 MIAMI BEACH FL 33141-4694
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2. Principal Place of Business 1717 N. BAYSHORE DR. Suite, Apt. #, etc. 1535 City & State MIAMI FL Zip 33132 Country USA	3. Mailing Address 1717 N. BAYSHORE DR. Suite, Apt. #, etc. 1535 City & State MIAMI FL Zip 33132 Country USA
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4. FEI Number 65-0788838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, GERALD DAVID
6538 COLLINS AVENUE, #416
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name
LEVINE, GERALD DAVID
Street Address (P.O. Box Number is Not Acceptable)
1717 N. BAYSHORE DR.
#1535
City
MIAMI 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.

SIGNATURE G.D. LEVINE, PRES. 1-18-00
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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVINE, GERALD D 6538 COLLINS AVENUE, #416 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVINE, ERNEST L 6538 COLLINS AVENUE, #416 MIAMI BEACH FL 33141 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 N. BAYSHORE DR. #1535 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 N. BAYSHORE DR. #1535 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003142717-5 -02/22/00--01043--018 *****50.00 *****50.00
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.

SIGNATURE: G.D. LEVINE, PRES. 1-18-00 305-376-3037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)