

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000793**

1. Entity Name

GENERAL INTERNATIONAL BUSINESS, L.L.C.

FILED

01 FEB -2 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1401 EAST BROWARD BLVD., STE. 110
FORT LAUDERDALE FL 33301** **1401 EAST BROWARD BLVD., STE. 110
FORT LAUDERDALE FL 33301**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
52-2106819 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

**HARTLEY, TIM
WORLD TRADE CENTER
80 SW 8TH STREET, SUITE 2520
MIAMI FL 33130**

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.

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME **BEX, JEAN PIERRE**
STREET ADDRESS **1401 EAST BROWARD BLVD., STE. 110**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME **300003662843-3**
STREET ADDRESS **-02/09/01--01013--010**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE MGR ☐ Delete
NAME **ALGOUD-BEX, FRANCOISE**
STREET ADDRESS **1401 EAST BROWARD BLVD., STE. 110**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME **LECHEVALIER, HERVE**
STREET ADDRESS **1401 EAST BROWARD BLVD., STE. 110**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **HERVE LECHEVALIER** Date: **1 JAN 2001** Daytime Phone #: **954-768-9977**

CR2E083 (11/00)