2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000793

1., Entity Name

GENERAL INTERNATIONAL BUSINESS, L.L.C.



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90025 046 ****50.00

Principal Plac	e of Business	Mailing Address							
	OWARD BLVD STE. 110 DALE FL 33301		1401 EAST BROWARD BLVD STE. 110 FORT LAUDERDALE FL 33301						
					# 1 00 /10/4 0 /0 30 /01	(1)() 11 () 10 () 10 () 10 ()		10144 1211 1041	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 52-2106819			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Statu	is Desired	\$5.00 Ac	ditional	1
	6. Name and Address	of Current Registered Agent			7. Name and Addres	s of New Registers	<u> </u>	eu	1
-915: - ST - - MIA I	THEY, TIM- 5-3 DALELAND BLVD 1900 MH FL 83156		Strace 2	et Address (P 2455 Eas The Inte	M. Hartley, P.O. Box Number is Not St Sunrise Bo ernational Bu lerdale	Acceptable) oulevard, St ilding	Zip Cod	33304	1
the obligat	ions of registered agent.	tatement for the purpose of changing i	is registerea omi	ce or registere	ed agent, or both, in the	State of Florida. Ta	ım familiar with	, and accept	
SIGNATURE .			Ī						l
	Signature, typed or printed name of re-	gistered agent and title if applicable. (NC	TE: Registered Agent	signature required	when reinstating)	DATI			1
		Make Check Paya	IOW!!! FEE I ble to Florida ue By May 1,	Departmen	nt of State				
9.	MANAGIN	IG MEMBERS/MANAGERS	10.			DDITIONS/CHANG	ES		1
title Name Street Address City-St-Zip	MGR BEX, JEAN PIERRE 1401 EAST BROWARD FORT LAUDERDALE FI		TITLE NAME STREET ADDR		·		· ☐ Change	☐ Addition	7000
TITLE Name Street address City-St-Zip	MGR ALGOUD-BEX, FRANCO 1401 EAST BROWARD FORT LAUDERDALE FL	DISE BLVD., STE. 110	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	Addition	2000
TITLE NAME Street Address City-St-Zip	MGR LECHEVALIER, HERVE 1401 EAST BROWARD FORT LAUDERDALE FL		NAME STREET ADDR CITY-ST-ZIP	ESS	The second secon		- 💽 Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODR CITY-ST-ZIP	ESS F			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR. CITY-ST-ZIP	ESS			☐ 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:

27 MAN 2003