

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000058

1. Entity Name

GENERAL TOWER, LIMITED COMPANY

Principal Place of Business

7800 W. OAKLAND PARK BLVD. BLDG. G
SUNRISE FL 33351

Mailing Address

7800 W. OAKLAND PARK BLVD. BLDG. G
SUNRISE FL 33351-6741

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0885773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN

7800 W. OAKLAND PARK BLVD. BLDG. G
SUNRISE FL 33351

7. Name and Address of New Registered Agent

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

TITLE MGR
NAME LETENDRE, LEON
STREET ADDRESS ROUTE NATIONAL 1, P.O. BOX 15358
CITY-ST-ZIP DAMIEN, PORT AU PRINCE, HAITI

TITLE MEM
NAME ALKIRE, JOEL S
STREET ADDRESS 5230 S.E. 114TH PLACE
CITY-ST-ZIP BELVIEW FL 34420

TITLE MEM
NAME HILTON, JAMES P
STREET ADDRESS 2999 BLUFFTON COVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE MEM
NAME DUQUE, ANTONIO
STREET ADDRESS 15720 S.W. 252ND STREET
CITY-ST-ZIP MIAMI FL 33031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED LEON LETENDRE 3/15/00 954-747-8802

CR2E083 (9/99)