

2001 UNIFORM BUSINESS REPORT (UBR)

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

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 65-0885773

Applied For

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

LAPIERRE, REJEAN
7800 W. OAKLAND PARK BLVD. BLDG. G
SUNRISE FL 33351

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

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

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

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

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

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



FILED
01 APR 23 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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