

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90073 041 \*\*\*\*50.00

**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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR  
 LETENDRE, LEON  
 ROUTE NATIONAL 1, P.O. BOX 15358  
 DAMIEN, PORT AU PRINCE,HAITI**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MEM  
 ALKIRE, JOEL S  
 5230 S.E. 114TH PLACE  
 BELVIEW FL 34420**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MEM  
 HILTON, JAMES P  
 2999 BLUFFTON COVE  
 OVIEDO FL 32765**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MEM  
 DUQUE, ANTONIO  
 15720 S.W. 252ND STREET  
 MIAMI FL 33031**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 REQUIRED LEON LETENDRE 3-25-02 954-749-8802**

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

Date

Daytime Phone #

CR2E083 (9/01)