

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90036 019 \*\*\*\*\*50.00

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**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



☐ CHECK HERE IF MAKING CHANGES

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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: SIGNATURE REQUIRED**

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

**LEN LETENDRE 5/18/03 954-749-8802**

Date

Daytime Phone #

CR2E083 (10/02)