

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90049 007 ****50.00

DOCUMENT # L99000001835

1. Entity Name

G.T. INVESTMENT GROUP L.L.C.

Principal Place of Business

~~1181 SOUTH ROGERS CIRCLE, SUITE 21~~
~~BOCA RATON FL 33487~~

Mailing Address

~~1181 SOUTH ROGERS CIRCLE, SUITE 21~~
~~BOCA RATON FL 33487~~

909044

2. Principal Place of Business

1499 HIGH RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

1499 HIGH RIDGE ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0923135

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRETTER, CARLO

~~1181 SOUTH ROGERS CIRCLE, SUITE 21~~
~~BOCA RATON FL 33487~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1499 HIGH RIDGE ROAD

City

BOYNTON BEACH

FL

Zip Code
33426

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **GRETTER, CARLO**
 STREET ADDRESS ~~1181 SOUTH ROGERS CIRCLE, SUITE 21~~
 CITY-ST-ZIP ~~BOCA RATON FL 33487~~

TITLE **MGRM** ☐ Delete
 NAME **SANDER, THOMAS**
 STREET ADDRESS ~~1181 SOUTH ROGERS CIRCLE, SUITE 21~~
 CITY-ST-ZIP ~~BOCA RATON FL 33487~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **1499 HIGH RIDGE ROAD**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1499 HIGH RIDGE ROAD**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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

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

1/10/02

Date

561-733-7370

Daytime Phone #

CR2E083 (9/01)