

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003137
 1. Entity Name
GTV LIMITED LIABILITY COMPANY

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR -3 AM 11:03

Principal Place of Business
 201 ALHAMBRA CIRCLE, SUITE 711
 CORAL GABLES FL 33134

Mailing Address
 201 ALHAMBRA CIRCLE, SUITE 711
 CORAL GABLES FL 33134-5108



2. Principal Place of Business
25 SE 2nd AVE
 Suite, Apt. #, etc.
730

3. Mailing Address
same
 Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33131 Country
USA

Zip Country

4. FEI Number
65-0942540

Applied For
 Additional Fee Required
 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
BLAXBERG, I. BARRY
BLAXBERG & GRAYSON, P.A.
25 SE 2ND AVE., STE. 730
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

rf 3/16/00

9. MANAGING MEMBERS / MEMBERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA, ANTONIO J 1425 N.W. 82ND AVENUE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TATE, STANLEY G 1175 NE 125TH STREET, #102 MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300003179243--2 -03/22/00--01020--006 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	member TATE, STANLEY G. 1175 NE 125th ST. #102 N. MIAMI FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Antonio J. Garcia **2/27/00** **381-7979 (x31)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)