

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

00 MAR 31 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/12



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003673	
1. Entity Name GCS ALLIANCE, LLC	
Principal Place of Business 1000 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131	Mailing Address 1000 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131-3047

2. Principal Place of Business 4841 Ronda Street	3. Mailing Address 4841 Ronda Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146	Zip 33146
Country USA	Country USA

4. FEI Number 52-2178182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent XIKUES, ALBERT J ESQ. C/O RODRIGUEZ & MACHADO, P.A. 1000 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRAVIER, LEONARDO D 1000 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131 <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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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
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: <i>Leonardo D. Gravier</i>	3/28/00	305-446-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date	Daytime Phone #

CR2E083 (9/99)