

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014570 AF

DOCUMENT # L99000007123

1. Entity Name
GLOBAL CONSUMER SOLUTIONS GROUP LC

00 MAR 31 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/112

Principal Place of Business
178 MARINER BLVD., SUITE 270
SPRING HILL FL 34609

Mailing Address
178 MARINER BLVD., SUITE 270
SPRING HILL FL 34609-5689



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3608145

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAKHAR, BRIJ
13194 ROSEANNA DRIVE
SPRING HILL FL 34609

Name KAREN GAKHAR

Street Address (P.O. Box Number is Not Acceptable)
178 MARINER BLVD. SUITE 270

City SPRING HILL

FL

Zip Code 34609

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME KAREN GAKHAR MGR
STREET ADDRESS 178 MARINER BLVD. #270
CITY-ST-ZIP SPRING HILL, FL. 34609 MGR

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME HARI PULAPAKA MGR
STREET ADDRESS 178 MARINER BLVD. #270
CITY-ST-ZIP SPRING HILL, FL. 34609 MGR

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ASHOK KUMAR MGR
STREET ADDRESS 178 MARINER BLVD #270
CITY-ST-ZIP SPRING HILL, FL. 34609 MGR

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ASHOK KUMAR MGR
STREET ADDRESS 178 MARINER BLVD #270
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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

2/18/00

352-666-2687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)