

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90170 041 \*\*\*\*\*50.00

**DOCUMENT # L99000007862**

1. Entity Name

**GROUP MANAGEMENT TECHNOLOGIES, LLC**

Principal Place of Business

**1109 SOUTH CONGRESS AVENUE  
 WEST PALM BEACH FL 33406**

Mailing Address

**1109 SOUTH CONGRESS AVENUE  
 WEST PALM BEACH FL 33406**

919160

2. Principal Place of Business

**2112 SOUTH CONGRESS AVE**

3. Mailing Address

**2112 SOUTH CONGRESS AVE**

Suite, Apt. #, etc.

**SUITE 202**

Suite, Apt. #, etc.

**SUITE 202**

City & State

**WEST PALM BEACH FLORIDA**

City & State

**WEST PALM BEACH FLORIDA**

Zip

**33406**

Country

**USA**

Zip

**33406**

Country

**USA**

4. FEI Number

**65-0973880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**YEEND, JOHN  
 1109 SOUTH CONGRESS AVE  
 WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name **CARLOS R. CASTANEDA**

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

**2112 SOUTH CONGRESS AVE, SUITE 202**

City **WEST PALM BEACH**

**FL**

Zip Code  
**33406**

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

*Carlos R. Castaneda*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/02**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
 NAME **YEEND, JOHN**  
 STREET ADDRESS **1109 S. CONGRESS AVENUE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGR** ☐ Delete  
 NAME **CASTANEDA, CARLOS**  
 STREET ADDRESS **1109 S. CONGRESS AVENUE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGR** ☒ Delete  
 NAME **LEVY, MITCHEL**  
 STREET ADDRESS **1109 S. CONGRESS AVENUE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGR** ☐ Delete  
 NAME **WASSERMAN, BRIAN**  
 STREET ADDRESS **1109 S. CONGRESS AVENUE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **SLOANE, BARRY**  
 STREET ADDRESS **2112 S. CONGRESS AVE. SUITE 202**  
 CITY-ST-ZIP **WEST PALM BEACH FLORIDA 33406**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2112 S. CONGRESS AVE. SUITE 202**  
 CITY-ST-ZIP **WEST PALM BEACH FLORIDA 33406**

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **BURNS, MATTHEW**  
 STREET ADDRESS **2112 S. CONGRESS AVE. SUITE 202**  
 CITY-ST-ZIP **WEST PALM BEACH FLORIDA 33406**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2112 S. CONGRESS AVE SUITE 202**  
 CITY-ST-ZIP **WEST PALM BEACH FLORIDA 33406**

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:

*Carlos R. Castaneda*  
**REQUIRED**

**1/24/02**

**561-721-9001**

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

Date

Daytime Phone #

CR2E083 (9/01)