2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008154

1. Entity Name
C.G.T. MANAGEMENT LLC

Principal Place of Business
721 S.E. 17TH STREET. SUITE 200
FORT LAUDERDALE FL 33316

Mailing Address
721 S.E. 17TH STREET. SUITE 200
FORT LAUDERDALE FL 33316-2927

2. Principal Place of Business: 19597 NE 10th Ave
Suite, Apt. #, etc.: Bay G
City & State: North Miami Beach, FL
Zip: 33179 Country: USA

3. Mailing Address: 19597 NE 10th Ave
Suite, Apt. #, etc.: Bay G
City & State: North Miami Beach, FL
Zip: 33179 Country: USA

4. FEI Number: 65-0964729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316

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 [signature] 04-29-00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	LE GRESLEY, CLAUDE RAYMOND	400 LESLEY DR. #1120	HALLANDALE FL 33009	☐
MGR	LE GRESLEY, TONY	400 LESLEY DR. #1120	HALLANDALE FL 33009	☐
MGR	LE GRESLEY, GUY	400 LESLEY DR. #1120	HALLANDALE FL 33009	☐
MGR	LEBREUX, CAROLE	400 LESLEY DR. #1120	HALLANDALE FL 33009	☐
				☐
				☐

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		200 Leslie Dr #1120	Hallandale, FL, 33009	☑	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Address for all 4 members

500003264865--6
-05/24/00--01042--026
*****50.00 *****50.00

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 04-29-00 954-410-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)