2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008154

1. Entity Name

C.G.T. MANAGEMENT LLC

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19597 NE 10th Ave	19597 NE 10th Ave
Suite, Apt. #, etc.: Bay G	Suite, Apt. #, etc.: Bay G
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33179 Country: USA	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	7. Name and Address of New Registered Agent
LAMOTHE, FERNAND 721 S.E. 17TH STREET, SUITE 200 FORT LAUDERDALE FL 33316	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 _____ 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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LE GRESLEY, CLAUDE RAYMOND 400 LESLEY DR. #1120 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200 Leslie Dr # 1120 Hallandale, FL, 33009	☑ Change ☐ Addition Address for all 4 members
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LE GRESLEY, TONY 400 LESLEY DR. #1120 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500003264865--6 -05/24/00--01042--026 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LE GRESLEY, GUY 400 LESLEY DR. #1120 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEBREUX, CAROLE 400 LESLEY DR. #1120 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 04-29-00 954-410-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)