

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000226

1. Entity Name  
GLOBAL AGRICULTURAL TECHNOLOGY AND ENGINEERING,

Principal Place of Business  
2900 EAST OAKLAND PARK BLVD., SUITE 200  
FORT LAUDERDALE FL 33306

Mailing Address  
2900 EAST OAKLAND PARK BLVD., SUITE 200  
FORT LAUDERDALE FL 33306-1804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0829794

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SAUTTER, C. CHRISTIAN ESQ.  
2900 EAST OAKLAND PARK BLVD., SUITE 200  
FORT LAUDERDALE FL 33306

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, 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 MGRM  
NEWTON, JOHN R  
STREET ADDRESS 3710 N.E. 25TH AVE.  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM  
NEWTON, MICHAEL  
STREET ADDRESS 2930 MEDINAH  
CITY-ST-ZIP WESTON FL 33332 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM  
GALLAGHAN, GILLIAN  
STREET ADDRESS 62 WALNUT STREET  
CITY-ST-ZIP WELLESLEY MA 02181 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM  
HAZLETT, CHARLES  
STREET ADDRESS 1010 N. VENETIAN DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM  
KOSAR, BERNIE JR.  
STREET ADDRESS 1505 NORTHWEST 167TH STREET  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM  
MONSEN, ERIC  
STREET ADDRESS BOX 1166 GT, AALL S. CHURCH STREET  
CITY-ST-ZIP GEORGETOWN, GRAND CAYMAN ISL ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)