

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0202013 AV

DOCUMENT # P00000059507

1. Entity Name

GT GLOBAL COMMUNICATIONS, INC.



05-01-2003 90360 007 ***150.00

Principal Place of Business
5345 LYONS ROAD
COCONUT CREEK FL 33073

Mailing Address
3840 58TH STREET
COCONUT CREEK FL 33073

2. Principal Place of Business

6001 PARK OF Commerce BLVD

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33487

Country

Zip

Country

4. FEI Number

65-1018609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOLOB, GARY
3840 58TH STREET
COCONUT CREEK FL 33073

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLOB, GARY
STREET ADDRESS 3840 58TH STREET
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Delete

TITLE VSTD
NAME TRAUTMAN, RONALD
STREET ADDRESS 12050 NW 3RD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

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TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

954-708-5883

Daytime Phone #

CR20034 (10/02)