

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005110

1. Entity Name

GROUND TURBINE TECHNOLOGY CORPORATION

Principal Place of Business

C/O MILLER & WEBNER, P.A.
P.O. BOX 266947
WESTON FL 33326-6947

Mailing Address

C/O MILLER & WEBNER, P.A.
P.O. BOX 266947
WESTON FL 33326-6947

2. Principal Place of Business

4810 N.W. 35 Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

Country

Zip

Country

33142

6. Name and Address of Current Registered Agent

REBECCA M. MILLER
C/O MILLER & WEBNER, P.A.
2442 POINCIANA COURT
WESTON FL 33327

4. FEI Number

65-0372964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D MONTALVO, JOHN
STREET ADDRESS 2442 POINCIANA COURT
CITY-ST-ZIP WESTON FL 33327

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
D Montalvo, John
STREET ADDRESS 4810 N.W. 35 Avenue
CITY-ST-ZIP Miami, Florida 33142

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Montalvo March , 2001 954 385-9030

Date

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90007 008 ***150.00



DO NOT WRITE IN THIS SPACE

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