

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031681

1. Entity Name

GJT CONSULTANTS INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90787 044 ***150.00

Principal Place of Business

Mailing Address

16425 COLLINS AVE
 APT 2912
 MIAMI BCH FL 33160
 US

16425 COLLINS AVE
 APT 2912
 MIAMI BCH FL 33160-2890
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3301

3301

City & State

City & State

Sunny Isles Bch FL

Sunny Isles Bch FL

Zip

Country

Zip

Country

33160

DADE

33160

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARSITANO, GEORGE
 16425 COLLINS AVE
 APT 2912
 MIAMI BEACH FL 33160

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 GEORGE TARSITANO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME TARSITANO, GEORGE
 STREET ADDRESS 16425 COLLINS AVE #2912
 CITY-ST-ZIP NORTH MIAMI FL

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

TITLE ☒ Delete
 NAME TARSITANO, DONNA
 STREET ADDRESS 16425 COLLINS AVE, #2912
 CITY-ST-ZIP NORTH MIAMI FL

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

TITLE ☒ Delete
 NAME TARSITANO, APRIL
 STREET ADDRESS 16425 COLLINS AVE, #2912
 CITY-ST-ZIP NORTH MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 lines empowered.

SIGNATURE: George Tarsitano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

305-970-0991

CR2E034 (9/99)