

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90208 020 ***150.00

DOCUMENT # P99000108685

1. Entity Name
G C T INTERNATIONAL, CORP.

A0073526



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 540 N.W. 82ND PL. #320 540 N.W. 82ND PL. #320
 MIAMI FL 33126 MIAMI FL 33126

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
10910 SW 38th St. 10910 SW 38th St.
 City & State City & State
Miami, FL Miami, FL
 Zip Country Zip Country
33165 33165

4. FEI Number Applied For
22-3697674 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CAMARGO, GUILLERMO
540 N.W. 82ND PL, #320
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name **Camargo, Guillermo**
 Street Address (P.O. Box Number is Not Acceptable)
10910 SW 38th Street
 City **Miami** **FL** Zip Code **33165**

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 **X**
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	PD CAMARGO, GUILLERMO 540 N.W. 82ND PL, #320 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Camargo Guillermo 10910 SW 38th Street Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** **SIGNATURE REQUIRED** **8/12/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment
P99000108285
A0073526

Miami August 13, 2000

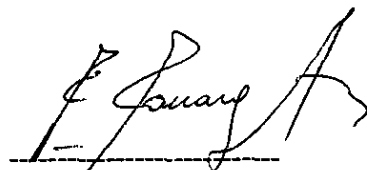
Division of Corporations

PO Box 6327
Tallahassee, FL 32314

~~Per instructions from Divisions of Corporations, I am attaching a check in the amount of~~
\$150.00 for annual report fee with my application.

I also state that I have not received any notice from Division of Corporations in respect
with my corporation **GCT International Corp.**

Thank you for your courtesy in this matter.



Guillermo Camargo
President