

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
 04-10-2002 90485 025 ***150.00

0197066 AV


DOCUMENT # P99000108685
 1. Entity Name
G C T INTERNATIONAL, CORP.

Principal Place of Business 10910 SW 38TH ST MIAMI FL 33165	Mailing Address 10910 SW 38TH ST MIAMI FL 33165
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2. Principal Place of Business 8846 W. Flagler St.	3. Mailing Address 8846 W. Flagler St.
Suite, Apt. #, etc. # 7	Suite, Apt. #, etc. # 7

City & State Miami FL	City & State Miami FL	4. FEI Number 22-3697674	Applied For <input type="checkbox"/>
Zip 33174	Country Dade	Zip 33174	Country Dade

O B I I V



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMARGO, GUILLERMO
10910 SW 38TH STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name **Camargo, Guillermo**
 Street Address (P.O. Box Number is Not Acceptable)
8846 W. Flagler St. # 7
 City **Miami** FL Zip Code **33174**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME CAMARGO, GUILLERMO	
STREET ADDRESS 10910 SW 38TH STREET	
CITY-ST-ZIP MIAMI FL 33165	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Camargo Guillermo	
STREET ADDRESS 8846 W. Flagler St. # 7	
CITY-ST-ZIP Miami FL 33174	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: _____ **4/1/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)