

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91023 001 11,745.50

DOCUMENT # P95000036468

1. Entity Name

G-P MX, INC.

Principal Place of Business

**2295 CORPORATE BLVD.
 SUITE 222
 BOCA RATON FL 33431**

Mailing Address

**P.O. BOX 5010
 BOCA RATON FL 33431-0810**

66530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2295 Corporate Blvd, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SU 222

City & State

Boca Raton FL

4. FEI Number

65-0579173

Applied For

Not Applicable

Zip

Country

33431

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE HERRICK COMPANY, INC.
 2295 CORPORATE BLVD.
 SUITE 222
 BOCA RATON FL 33431**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDST	NORTON HERRICK	2295 CORPORATE BLVD N.W. STE. 222	BOCA RATON FL 33431	<input type="checkbox"/>
VPAS	HOWARD HERRICK	20 COMMUNITY PL	MORRISTOWN NJ 07960	<input type="checkbox"/>
VPAS	MICHAEL HERRICK	20 COMMUNITY PL	MORRISTOWN NJ 07960	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPAS	Herrick, Howard	2 Ridgedale Ave, Ste 370	Cedar Knolls NJ 07927	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPAS	Herrick, Michael	2 Ridgedale Ave, Ste 370	Cedar Knolls, NJ 07927	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	Kermalli, Nisar	2 Ridgedale Ave, Ste 370	Cedar Knolls NJ 07927	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CFO	Klein Robert	2 Ridgedale Ave	Cedar Knolls NJ 07927	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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

VP

3.22.01 561-241-9880

Date

Daytime Phone #

CR2E094 (10/00)