

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-08-2002 90227 028 ***150.00

DOCUMENT # P01000075753

1. Entity Name
G.M. PROPERTY CORP.

F
A

Principal Place of Business Mailing Address

24 NE 1ST STREET **55 NE 1ST STREET**
1-B **12**
MIAMI FL 33132 **MIAMI FL 33132**

Resent 04/23/02



28325
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
02-0585973 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMINOV, ABRAM
55 NE 1ST STREET
12
MIAMI FL 33132

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!!! FEES \$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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	AMINOV, ABRAM
STREET ADDRESS	4320 ADAMS AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> Delete
NAME	AMINOV, GEORGE
STREET ADDRESS	4320 ADAMS AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> Delete
NAME	AMINOV, MANI
STREET ADDRESS	4320 ADAMS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33140
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	<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	
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 like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **3/28/02** **(305) 374 7770**

REGULATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD 000004 10/01/01

Attachment

Doc# PO1000075753

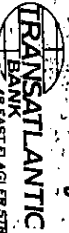
28325



A.G.M. SILVER, INC.
PH. 305-374-7770 FAX 305-374-7772
55 NE 1ST STREET, SUITE 12
MIAMI, FL 33132

DEPARTMENT OF STATE

PO BOX 2002
MIAMI FLORIDA 33131



TRANSATLANTIC BANK
48 EAST FLAGLER STREET
MIAMI, FLORIDA 33131

PO BOX 2002 PO1000075753

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NOT NEGOTIABLE

3/28/02

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