2000 UNIFORM BUSINESS REPORT (UBR)

May 03, 2000 8:00 am Secretary of State **DOCUMENT # 428449** GMC MORTGAGE & INVESTMENT CORP. 05-03-2000 90144 047 ***150.00 Mailing Address Principal Place of Business 6310 PEMBROKE RD 6310 PEMBROKE RD MIRAMAR FL 33023-2218 MIRAMAR FL 33023-2218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1486598 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDMAN, DANIEL Street Address (P.O. Box Number is Not Acceptable) 6310 PEMBROKE RD. MIRAMAR FL 33023 Zip Code City FĮ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing --\$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOLDMAN, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 6310 PEMBROKE ROAD CITY-ST-ZIP CITY-ST-7IP MIRAMAR FL ☐ Change ☐ Addition STD Delete TITLE TITLE GOLDMAN, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 6310 PEMBROKE ROAD CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVUE COLD DIMANU