

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90311 014 ***150.00

0190078

DOCUMENT # 440791

1. Entity Name

G. P. MANAGEMENT, INC.

Principal Place of Business

**8325 S.W. 56 STREET
 P.O. BOX 557157
 MIAMI FL 33155**

Mailing Address

**8325 S.W. 56 STREET
 P.O. BOX 557157
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1522738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRINZ (EUGENE A.)
 8325 S.W. 56TH STREET
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

Elaine K. Prinz

Street Address (P.O. Box Numbers Not Acceptable)

8325 S.W. 56 Street

Miami, Florida 33155

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

Elaine K. Prinz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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	PS	<input type="checkbox"/> Delete
NAME	PRINZ, EUGENE A	
STREET ADDRESS	8325 S.W. 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRINZ, ELAINE K	
STREET ADDRESS	8325 SW 56TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prinz, Eugene A.	
STREET ADDRESS	8325 S.W. 56th Street	
CITY-ST-ZIP	Miami, FL. 33155	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prinz, Elaine K.	
STREET ADDRESS	8325 S.W. 56th Street	
CITY-ST-ZIP	Miami, FL. 33155	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prinz, Robert E.	
STREET ADDRESS	5360 S.W. 82nd Avenue	
CITY-ST-ZIP	Miami, FL. 33155	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prinz, Douglas J.	
STREET ADDRESS	9815 S.W. 76th Street	
CITY-ST-ZIP	Miami, FL. 33173	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prinz, Gregory Scott	
STREET ADDRESS	17501 S.W. 93 Avenue	
CITY-ST-ZIP	Miami, FL. 33157	
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: **Elaine K. Prinz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine K. Prinz

4-17-01

Date

305-596-4148

Daytime Phone #

CR2E034 (10/00)