

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90074 042 ***150.00

CR2E034 (9/01)

DOCUMENT # 513221

1. Entity Name
G M V ASSOCIATES INC.

Principal Place of Business

~~13711 SHERIDAN ST.~~
~~FT. LAUDERDALE FL 33330~~

Mailing Address

~~13711 SHERIDAN ST.~~
~~FT. LAUDERDALE FL 33330~~

2. Principal Place of Business

800 S OCEAN BLVD
 Suite, Apt. #, etc.
501

3. Mailing Address

800 S OCEAN BLVD
 Suite, Apt. #, etc.
501

City & State
DEERFIELD BCH FL

City & State
DEERFIELD BCH FL

Zip Country
33441 USA

Zip Country
33441 USA

4. FEI Number **59-1686379**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VITALE, ANNE E.
~~13711 SHERIDAN ST.~~
~~FT. LAUDERDALE FL 33330~~

7. Name and Address of New Registered Agent

Name **ANNE E VITALE**
 Street Address (P.O. Box Number is Not Acceptable)
800 S OCEAN BLVD #501
 City **DEERFIELD BCH** FL Zip Code **33441**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/9/02**

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, 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 **PD** ☐ Delete
 NAME **VITALE, GERARD M.**
 STREET ADDRESS **13711 SHERIDAN ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☐ Delete
 NAME **VITALE, ANNE E.**
 STREET ADDRESS **13711 SHERIDAN ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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] **ANNE VITALE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/02
 Date

954-574-0484
 Daytime Phone #