

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 019 ***150.00

DOCUMENT # 619707
1. Entity Name G.S.S CORPORATION



DO NOT WRITE IN THIS SPACE

94077254

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6000 NTH FEDERAL
HWY

3. Mailing Address
6387 VIA ROSA

City & State
FT. LAUDERDALE

City & State
BOCA RATON

4. FEI Number

Applied For
Not Applicable

Zip
33308

Country
FLORIDA

Zip
33433

Country
FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALAN SOSNER

Street Address (P.O. Box Number is not acceptable)
6387 VIA ROSA

City BOCA RATON

FL

Zip Code 33433

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.20.04

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME ALAN SOSNER
STREET ADDRESS 6387 VIA ROSA BOCA RATON FL
CITY-ST-ZIP 33433

TITLE V. PRESIDENT
NAME RONALD SOSNER
STREET ADDRESS 23209 VIA STEL BOCA RATON FL
CITY-ST-ZIP 33433

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

Alan Sosner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.04

Date

Daytime Phone #

CR2E034B (12/02)