2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 665640 Jun 09, 2000 8:00 am Secretary of State 1. Entity Name GOMAR INVESTMENTS, INC. 06-09-2000 90168 027 \*\*\*158.75 Principal Place of Business Mailing Address 5675 S.W. 35TH AVENUE 5675 S.W. 35TH AVENUE HOLLYWOOD FL 33312-6373 HOLLYWOOD FL 33312 2. Principal Place of Business 3. Mailing Address 3201 W. G<u>CI</u>FFIN 3201 W. Griffin DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite Apt. #, etc. 106 100 Applied For City & State 4. FEI Number City & State 59-1991509 Not Applicable Dania B \$8.75 Additional Country Zio Country 5. Certificate of Status Desired 33312 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Deckelbaum, Gardan ... DECKELBAUM, GORDON Street Address (P.O. Box Number is Not Acceptable 5675 SW 35TH AVENUE HOLLYWOOD FL 33312 #106 inia Beach 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. \*\*\*\*\*\*\*\*\*Change ☐ Defete TITLE Deckelboum, Vetta 3201 W. Griffin Rd TITLE NAME DECKELBAUM, YETTA NAME STREET ADDRESS STREET ADDRESS 5675 SW 35 AVENUE CITY-ST-ZIP Dania Beoch, FL 33312 CITY-ST-ZIP HOLLYWOOD FL 33312 Change ☐ Addition SD ☐ Delete TITLE TITLE neckelbaum Sord DECKELBAUM, GORDON NAME 3201 W. Griffin NAME STREET ADDRESS 5675 SW 35 AVE STREET ADDRESS Dania Beach, Fl 33312 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33312 ☐ Addition Change ☐ Delete TITLE TITLE DECKELBAUM, GORDON NAME NAME # 106 3201 W. STREET ADDRESS 5675 SW 35 AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33312 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITI F Delete 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 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 il 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 6ther like empowered. SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date