

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90173 001 \*\*\*300.00

US28032 AV

DOCUMENT # **F00000003585**

1. Entity Name  
**GPA ATR INC.**



Principal Place of Business  
**DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FORT LAUDERDALE FL 33301**

Mailing Address  
**DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FORT LAUDERDALE FL 33301**

0000061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. -FEI Number: **06-1292963**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAURA, SHOWALTER**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	<b>BASAT, CARYL B</b>	
STREET ADDRESS	<b>100 NE 3RD AVENUE SUITE 800</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>DALTON, PATRICK</b>	
STREET ADDRESS	<b>SHANNON COUNTY CLARE</b>	
CITY-ST-ZIP	<b>IRELAND</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>SHOWALTER, LAURA B</b>	
STREET ADDRESS	<b>100 NE 3RD AVENUE SUITE 800</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>DROBNICH, JOSEPH</b>	
STREET ADDRESS	<b>100 NE THIRD AVE STE 800</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McMAHON, JOHN</b>	
STREET ADDRESS	<b>EVERT VAN DE BEEKSTRAAT 312</b>	
CITY-ST-ZIP	<b>1118 CX Schiphol, The NETHERLANDS</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Showalter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2003 954-760-7777  
Date Daytime Phone #

CR2E034 (10/02)