

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90011 011 ***150.00

DOCUMENT # F00000006759

1. Entity Name

GM FINANCIAL GROUP, INC.

Principal Place of Business

**1191 E. NEWPORT CENTER DRIVE
 PENTHOUSE B
 DEERFIELD BEACH FL 33442**

Mailing Address

**1191 E. NEWPORT CENTER DRIVE
 PENTHOUSE B
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3566933

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARZANO, MICHAEL

**1191 E. NEWPORT CENTER DRIVE, PENTHOUSE B
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

Michael C. Marzano

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

1191 E Newport Center Drive

Suite # 103

City

Deerfield Beach

FL

Zip Code

33442

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PC	<input type="checkbox"/> Delete
NAME	MARZANO, FRANK P	
STREET ADDRESS	30 MAIN STREET	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VIOLA, ANTHONY J	
STREET ADDRESS	30 MAIN STREET	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)