

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90070 014 \*\*\*150.00

**DOCUMENT # F20749**

1. Entity Name

**GBS NORTH MIAMI BEACH, INC.**

Principal Place of Business

Mailing Address

% MORTON R. GOUDISS  
 1111 LINCOLN ROAD, SUITE 680  
 MIAMI BEACH FL 33139

% MORTON R. GOUDISS  
 1111 LINCOLN ROAD, SUITE 680  
 MIAMI BEACH FL 33139-2452

713737

2. Principal Place of Business

3. Mailing Address

18545 West Dixie Highway 117 N.W. 9th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

North Miami Beach, Fl.

Hallandale, Florida

Zip

Country

Zip

Country

33180

USA

33009

USA

4. FEI Number

59-2121532

Applied For

Not Applicable

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

GOUDISS, MORTON R.  
 1111 LINCOLN RD MALL, #680  
 325  
 MIAMI BEACH FL 33139

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VSD	BERN, KENNETH S	1037-B NW 3RD ST.	HALLANDALE FL 33009	<input type="checkbox"/>
P	BERN, MARLA	1037-B NW 3RD ST.	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
VSD	BERN, KENNETH S	117 N.W. 9th Terrace	Hallandale, Florida 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	BERN, MARLA	117 N.W. 9th Terrace	Hallandale, Florida 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

Daytime Phone #

(954) 456 2988