

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90410 033 ***150.00

DOCUMENT # F78643

1. Entity Name

GBR CORPORATION



Principal Place of Business

5190 NW 167 STREET
SUITE 217
MIAMI FL 33014
US

Mailing Address

5190 NW 167 STREET
SUITE 217
MIAMI FL 33014
US

2. Principal Place of Business

14411 Commerce Way
Suite, Apt. #, etc.
SUITE 220

3. Mailing Address

14411 Commerce Way
Suite, Apt. #, etc.
SUITE 220

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

59-2661348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, GARY
5190 NW 167 ST
STE 217
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name: G. LEVIN, GARY
Street Address (P.O. Box Number is Not Acceptable):
14411 Commerce Way
SUITE 220
City: MIAMI LAKES FL Zip Code: 33016

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

3/31/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE: V ☐ Delete
NAME: REDLUS, BURT
STREET ADDRESS: 19 W FLAGLER ST. 711
CITY-ST-ZIP: MIAMI FL

TITLE: P ☐ Delete
NAME: LEVIN, GARY
STREET ADDRESS: 5190 NW 167 STREET SUITE 217
CITY-ST-ZIP: MIAMI FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: PRESIDENT ☒ Change ☐ Addition
NAME: LEVIN, GARY
STREET ADDRESS: 14411 Commerce Way SUITE 220
CITY-ST-ZIP: MIAMI LAKES, FL 33016

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04 3056217622