2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F91109 1. Entity Name					FILED Apr 21, 2000 8:00 am			
G.G. MANAGEMENT, INC.					Apr 21, 2000 8:00 am Secretary of State 04-21-2000 90159 049 ***150.00			
Principal Place	e of Business	Mailing Address			04-21-2000 9	0135 045 130.0	,	
2975 MEADOW FT. LAUDERDAL		2975 MEADOW LANE FT. LAUDERDALE FL 33331-3018					(1 B) 2 1 1 B) (
2. Principal Place of Business 46.28 BELLA VERDE Wy Suite, Apt. #, etc.		3. Mailing Address 3. Mailing Address 3. Mailing Address 4. Let Compare the		Way.	DO NOT WRIT	TE IN THIS SPACE	() 6 (5 (1) 18 (1)	
DEIGNY BEACH FI		DEIRAY BEACH FI		/ 4	59-2224290	b	oplied For ot Applicable	
33 YY 6	Country U.S.A	33446	Country 4.5.79	<u> </u>	5. Certificate of Status Desired	\$8.75 Add		
<u> </u>	6. Name and Address of Current	Registered Agent	Name		. Name and Address of New R	 .		
GERS 3101 SUITI FT L	76	Street Address (P.O. Bax Number is No. Acceptable) FILES DE LUAY						
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 GEPACD GERSWAW General Submits Gener								
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee to Make Check Payable to De			00 Fee will be \$5	50.00	10. Election Campaign Fin Trust Fund Contribution		May Be to Fees	
11.	OFFICERS AND PVS		12.		ADDITIONS/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	GERSHAW, GERALD 1375 JERSEY AVE NORTH BRUNSWICK NJ 08902	🛣 Delete	NAME STREET ADDRESS CITY-ST-ZIP	PUS GENI 762 DEI	ALD GERSHI 8 BEILA VERDE RAY BEACH	D Change 9 47 5 W 29 4 5 7 7 7 7	Madition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLITZ, STUART 1375 JERSEY AVE NORTH BRUNSWICK NJ 08902	☐ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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13. I hereby certify that the information supplied with his Ning 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 embowered 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 attackment with an address, with all other like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Phone #		