

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000003244**

1. Entity Name

G.P. MARKETPLACE OF DELRAY, INC.

Principal Place of Business

**3011 W. GRAND BLVD., SUITE 2405
DETROIT MI 48202**

Mailing Address

**3011 W. GRAND BLVD., SUITE 2405
DETROIT MI 48202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3518909**

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

**PETER D. CUMMINGS & ASSOCIATES, INC.
3399 PGA BLVD
STE 450
WEST PALM BEACH FL 33410**

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, 2001 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	CPT	<input type="checkbox"/> Delete
NAME	CUMMINGS, PETER D	
STREET ADDRESS	3011 W. GRAND BLVD., SUITE 2405	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID A. DEAN	
STREET ADDRESS	3399 PGA BLVD., SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	

TITLE	VS	<input type="checkbox"/> Delete
NAME	CUMMINGS, KEITH L	
STREET ADDRESS	3011 W. GRAND BLVD., SUITE 2405	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHASEN, DONALD	
STREET ADDRESS	3011 W. GRAND BLVD., SUITE 2405	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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TITLE		<input type="checkbox"/> Delete
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

DAVID A. DEAN, VP

Date

4/14/01 561-630-6110

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90068 017 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)