

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90102 028 ***150.00

DOCUMENT # J21383

1. Corporation Name

GRUBER FINANCIAL MANAGEMENT, INC.



Principal Place of Business

1221 BRICKELL
SUITE 1070
MIAMI FL 33131
US

Mailing Address

2000 TOWERSIDE TERR. #1004
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1986

4. FEI Number

59-2688449

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUBER, HERBERT
2000 TOWERSIDE TERR. #1004

MIAMI FL 33138

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME GRUBER, HERBERT
STREET ADDRESS 2000 TOWERSIDE TER #1004
CITY-ST-ZIP MIAMI FL

1.1 TITLE

☐ Change

☒ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

33138-2227

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

2.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

3.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

5.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)