

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13177

1. Entity Name

G - K ADVERTISING, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90070 017 ***150.00

0182414

Principal Place of Business 8330 S.W. 64TH ST. MIAMI FL 33143	Mailing Address 8330 S.W. 64TH ST. MIAMI FL 33143
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00027784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7101 SW 95 TH ST. Suite, Apt. #, etc.	3. Mailing Address 7101 SW 95 TH ST. Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156	Country
Zip 33156	Country

4. FEI Number 65-0025625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRULICH, NORMAN H 8330 S.W. 64TH ST. MIAMI FL 33143
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7. Name and Address of New Registered Agent Name: GRULICH, NORMAN H. Street Address (P.O. Box Number is Not Acceptable): 7101 SW 95 TH ST. City: MIAMI State: FL Zip Code: 33156
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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: NORMAN H. GRULICH Date: 3-19-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GRULICH, NORMAN 8330 S.W. 64TH ST. MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GRULICH, NORMAN 7101 SW 95 TH ST. MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GRULICH, VICTORIA M 81-83 RUE DE CHEZY 92200 NUELLY SAN SEINE FRANC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	NORMAN H. GRULICH	3-19-01	305-669-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)