2002 UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nam	MENT :	#	K9743	1					Mar 07, 2002 8:00 am Secretary of State								
G & D DE	VELOPMI	ENT (ORPORATIO	N						03	-07-20	002 9	90060 ()36 ***1:	50.0	00	
Principal Place 5660 COLLINS SUITE # 12 6 MIAMI BEACH	ļ.			Mailing Address 5660 COLLINS AVENUE SUITE # 12 B MIAMI BEACH FL 33140												IA Bil ii 1 48 2	
2. Principal P	lace of Busine	:SS		3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE									
City & State				City & State				4. FEI Number 65-0138420 Applied For Not Applicable									
Zip	Country			Zip	untry			5. Certificate of Status Desired									
	6. Name a	nd Add	ress of Current Re	egistered Agent	3 ·	Name	:	7. N	ame a	nd Addre	ess of N	Vew R	egistere	Agent		<u></u>	
DEUTSCH	. ANNIE B																
4315 REAIRIE AVE. MIAMI BEACH FL 33140						Street A	ddress (F	0	CO L	LIN.	of Acce	UE I		/> B			
MINNI DE	4011 1 L 3314	ru				City	MI	Am	i B	EACH	 }		F	L Zing	ode	40	
8. The above	named entity	submits	this statement for t	he purpose of changing its	register	ed office or	<u>·</u> _					of Flo		<u> </u>	<u> </u>		
SIGNATURE .	Signatura tunada	e existed or	me of registered agent and	Motte if applicable (NOTE)	- Basistar	d A annu aireach	wa rog ilrad		instation				DATE	<u> </u>			
	<u> </u>					d Agent signatu		wnen rei	instating)	_							
 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, 2002 Fee will be \$550.00 Make Check Payable to Department of Star				e		Election (Trust Fun		-	-			May Be to Fees	
11.			OFFICERS AND D	RECTORS	12.			ADI	DITION	S/CHAN	IGES TO	OFFI	CERS AN	ND DIRECT	ORS	IN 11	
,úlre	PD		-	☐ Delete	TITL								•	Chan	ge	☐ Addition	
NAME STREET ADDRESS	DEUTSCH, 4315-PDAIR	ANNIE	B		NAM STRI	et address	564	0	Col	LIN	s A	vE	n	В			
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13. I hereby o	ertify that the	informat	ion supplied with th	nis filing does not qualify for	the exe	mption stat	ed in Sec	tion 1	19.07(3	3)(i), Flor	ida Stat	utes. I	further c	ertify that th	ie inf	ormation	

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 AND TYPED OR PRINTED NAME OF SIGNATURE: