

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90132 014 \*\*\*\*50.00

**DOCUMENT # L00000009027**

1. Entity Name

GTFM OF ORLANDO, LLC

Principal Place of Business

350 FIFTH AVENUE, SUITE 6617  
 NEW YORK NY 10118

Mailing Address

350 FIFTH AVENUE, SUITE 6617  
 NEW YORK NY 10118

2. Principal Place of Business

8200 VineLand Ave

3. Mailing Address

350 Fifth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Space # 1005

Suite 6617

City & State

City & State

Orlando, FL

New York, NY

Zip

Country

Zip

Country

32821

10118

4. FEI Number

13-4131736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
 NAME WEISFELD, BRUCE  
 STREET ADDRESS 21 OVERLOOK RD.  
 CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGR ☐ Delete  
 NAME WEISFELD, NORMAN  
 STREET ADDRESS 112 WINDSOR GATE  
 CITY-ST-ZIP GREAT NECK NY 11020

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/7/02 (212) 273-3316

CR2E083 (4/02)