2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80557

G.B. ADJUSTMENTS, INC.

Principal Place of Business 1700 LAKESHORE CIRCLE WESTON FL 33326

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

1700 LAKESHORE CIRCLE FT. LAUDERDALE FL 33326-2366

00023510

FILED

Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90003 041 ***150.00

DO NOT WRITE IN THIS SPACE

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City & State		City & State	City & State			El Number 65-0207092		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Coun	Country		ertificate of Status Desired		8.75 Add	ditional
	!		7. N	ame and Address of New Reg	istered A	gent			
				Name					
BERLIN, GERALD 1700 LAKESHORE CIRCLE WESTON FL 33326				Street Address (P.O. Box Number is Not Acceptable)					
WES	STUN FL 33326			City			FL	Zip Cod	e
8. The above	e named entity submits this statement f	or the purpose of chang	ging its register	ed office or regis	tered age	nt, or both, in the State of Floric	a.		
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when reir	nstating)	DATE		
Tax filing r	oration is eligible to satisfy its Inlangible requirement and elects to do so. eria on back)	After MAY		IS \$150.00 will be \$550.00 epartment of S		10. Election Campaign Finan Trust Fund Contribution.	cing 🔲		0 May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KAPLAN, ABBEY L. 201 SOUTH BISCAYNE BLVD. MIAMI FL	☐ Delet	NAM STRE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERLIN, GERALD 1700 LAKESHORE CIRCLE WESTON FL	□ Delet	NAM STRE	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAM STRE	ı				☐ Change	Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAM STRE	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAM STRE	i i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	☐ Deleti	NAM STRE CITY	E ET ADDRESS -ST-ZIP				☐ Change	☐ Addition

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 leport 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: