

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90040 044 ***150.00

DOCUMENT # M25167

1. Entity Name
GMS INC.

Principal Place of Business

**801 ARTHUR GODFREY RD.
~~SUITE 600~~
 MIAMI BCH. FL 33140**

Mailing Address

**801 ARTHUR GODFREY RD.
~~SUITE 600~~
 MIAMI BCH. FL 33140**

2. Principal Place of Business

465 Rovino Ave
 Suite, Apt. #, etc.

3. Mailing Address

465 Rovino Ave
 Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number

59-2624759

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMON, GEORGE M.
 801 ARTHUR GODFREY RD.
~~STE 600~~
 MIAMI BCH., FL. FL 33140**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PDA	<input type="checkbox"/> Delete
NAME	SIMON, GEORGE M.	
STREET ADDRESS	801 41ST STR. #600	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMON, CINDY	
STREET ADDRESS	801 41ST ST. #600	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMON, STEVEN	
STREET ADDRESS	801 41ST STREET #600	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

305-779-3197

Date

Daytime Phone #

CR2E034 (9/01)