

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005263

1. Entity Name

G. A. P. P. INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90044 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

735 - 743 OPA LOCKA BLVD.  
MIAMI FL 33168

735 - 743 OPA LOCKA BLVD.  
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0721493

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCEWAN, FELIX F  
735 - 743 OPA LOCKA BLVD.  
MIAMI FL 33168

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P MCGWAN, FELIX	<input type="checkbox"/> Delete
STREET ADDRESS	10945 S.W. 152 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D JONES, ANGELA	<input type="checkbox"/> Delete
STREET ADDRESS	5614 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	D GRIGNON, PAMELA	<input type="checkbox"/> Delete
STREET ADDRESS	1805 S.W. 122 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D JOSEPH, SELWYN	<input type="checkbox"/> Delete
STREET ADDRESS	1517 N.E. 8 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	S MUIRHEAD, BEVERLEY	<input type="checkbox"/> Delete
STREET ADDRESS	3810 N.W. 185 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D ROSE, MARTELL	<input type="checkbox"/> Delete
STREET ADDRESS	5440 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

7/5/00

Date

Daytime Phone #

CR2ED37 (9/99)