

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003844

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: GLAAD, INC.

## Current Principal Place of Business:

149 NW 15TH CT  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

## Current Mailing Address:

149 NW 15TH CT  
POMPANO BEACH, FL 33060

## New Mailing Address:

FEI Number: 31-1663810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, CHARLES  
400 E ATLANTIC BLVD.  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCCRAY, CASSANDRA  
Address: 149 NW 15TH CT  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD ( ) Delete  
Name: MCALLISTER-REID, VALERIA  
Address: 205 LAKE PT DR #204  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SD ( ) Delete  
Name: MCDANIELS, DARNELLA  
Address: 2971 NW 24TH ST  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: LEVY, CHARLES  
Address: 400 E ATLANTIA BLVD  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: RUIS, SANDRA  
Address: 501 NW 24TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: MCCRAY, LAWAL  
Address: 1571 NW 6TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASSANDRA MCCRAY

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date