

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90008 020 ***150.00

0335447 AV

DOCUMENT # P00000073983

1. Entity Name
GTG WHOLESALERS INC.

Principal Place of Business
11860 W. STATE ROAD 84
SUITE B6
DAVIE FL 33325
US

Mailing Address
11860 W. STATE ROAD 84
SUITE B6
DAVIE FL 33325
US



2. Principal Place of Business
11860 W. STATE Rd. 84

3. Mailing Address
11860 W. STATE Rd. 84

Suite, Apt. #, etc.
#B-6

Suite, Apt. #, etc.
#B-6

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

Zip
33325

Country
BROWARD

Zip
33325

Country
BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1030031**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FEUERHERM, WAYNE
15703 SW 16 ST.
DAVIE FL 33326

7. Name and Address of New Registered Agent

Name **N/A**

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 \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FEUERHERM, WAYNE**
 STREET ADDRESS **15703 SW 16 ST.**
 CITY-ST-ZIP **DAVIE FL 33326**

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

TITLE **VP** ☐ Delete
 NAME **FEUERHERM, LATTIA**
 STREET ADDRESS **15703 SW 16 ST.**
 CITY-ST-ZIP **DAVIE FL 33326**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: Wayne Feuerherm
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
 Date

954-476-1271
 Daytime Phone #

CR2E034 (9/01)