## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P00000102816 1. Entity Name GHO VERO BEACH VI. INC. 04-19-2001 90075 032 \*\*\*150.00 Principal Place of Business Mailing Address 5670 CORPORATE WAY 5670 CORPORATE WAY WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1052982 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William N. Handler Esq. Street Address (P.O. Box Number is Not Acceptable) FILINGS, INC. 3732 N.W. 16TH STREET 5670 Corporate Way FT. LAUDERDALE FL 33311-4132 West PalmBeach, Zin Cod 67 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en 4/15/01 William N. Handler SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typ registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Addition TITLE TITI F D ☐ Delete NAME NAME HANDLER, DAN STREET ADDRESS STREET ADDRESS 5670 CORPORATE WAY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 X Addition ☐ Change ■ Delete TITLE TITLE NAME William N. Handler, Esq. NAME HANDLER, WILLIAM N STREET ADDRESS STREET ADDRESS 5670 Corporate Way 5670 CORPORATE WAY CITY-ST-7IP CITY-ST-ZIP West Palm Beach, FL 33407 WEST PALM BEACH FL 33407 Delete Change -TITLE TITLE ^ NAME NAME Susan Handler STREET ADDRESS STREET ADDRESS 5670 Corporate Way CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33407 □ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE

CITY-ST-ZIP

William N. Handler, Esq4/15/01 (561) 688-2020