

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90224 017 \*\*\*150.00

**DOCUMENT # P00000105848**

1. Entity Name  
**GT3 PROMOTIONS, INC.**



Principal Place of Business

Mailing Address

**10026384**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2121 PONCE DE LEON BLVD.**

3. Mailing Address

**SAME AS #2**

Suite, Apt. #, etc.

**SUITE 320**

Suite, Apt. #, etc.

City & State

**CORAL GABLES, FLORIDA**

City & State

4. FEI Number

**65-1057904**

Applied For

Not Applicable

Zip

Country

**33134-5229**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DONLEVY-ROSEN, PATRICIA**

**NEW ADDRESS: 2121 PONCE de LEON BLVD - SUITE  
320, CORAL GABLES, FL 33134-5229**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Patricia Donlevy-Rosen*

*PATRICIA DONLEVY-ROSEN PRES.*

*Feb 20, 2003*

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

(NOTE: Registered Agent signature required when reinstating)

Signature Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME **DONLEVY-ROSEN, PATRICIA** ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS **2121 PONCE de LEON BLVD - SUITE 320**

CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Patricia Donlevy-Rosen*  
**PATRICIA DONLEVY-ROSEN PRES.**

*Feb 20, 2003 447-*  
**447-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0061**

CR2E034 (10/02)