FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR) '**

DOCUMENT # PO100006 1546

GYM COPPORATION



FILED Jun 02, 2003 8:00 am **Secretary of State**

06-02-2003 90202 045 ***150.00

Manager Paper on sec.					
	DO NOT WRI	TE IN THIS	SPACE		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address			
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State		4. FEI Number APPLICABLE Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
rate target and call a tree			100	7. Name and Address of Current Registered Agent	
		Name Not Write Street Address (P.OBox-Number is Not-Acceptable)			
	电影点子多数形式通光器电影电影		Stree	eet Address (P.OBox-Number is Not-Acceptable)	
and colored to the state	IN THIS	SPAGE			
	IN THIS SPACE		FL Zip Code		
	e named entity submits this statem tions of registered agent.	ent for the purpose of chang	ing its registered office	ce or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed flame Office listered	agent and title if applicable	(NOTE: Registered Agent sig	signature required when reinstating) DATE	
Ja	nuary 1 - May 1 Fde is \$150.0 After May 1, Fee is \$550.00 Amended UBR is \$61.25	enter a contract contract	50 °C	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
Make Check	Payable to Florida Departme	nt of State 7 /	JO 1		
10.		AND DIRECTORS	ing the magazine and a		
TITLE	D		TITLE		
NAME	CLEABEDIAN G	BORDE A	NAME		
STREET ADDRESS	3081 5/W MONTER	だいの でし	STREET ADDRES	ESS	

TITLE NAME STREET ADDR CITY-ST-ZIP CITY-ST-ZIP Palmoity Fl. 34990 TITLE TIT! F GARABEDIAN HICHAELINE NAME NAME 30% S/W MONTEBELLO PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PAUTI CITY FL TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TIFLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

CUMENT # P01000061546

DOCUMENT

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name
G & M CORPORATION

SIGNATURE: _



Attachment#

Daytime Phone #

				S.W.	X()	त्रे उठ्ठर	4				
Principal Place of Business 3081 SW MONTABELLO PLACE PALM CITY FL 34990			Mailing Address 3081 SW MONTABELLO PLACE PALM CITY FL 34990					,			
2. Principal Pla	ice of Business	3. Mailing Address		·····			1				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #. etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Number NO				lied For Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Statu	s Desired		3.75 Additi e Required	ional		
	6. Name and Address	s of Current Registered Agent			7. Name and Addres	a of New Registe	red Age	ent			
grazi, leii 217 e. oce -stuart-fl	ean Blvd.		-	Name Street Address	s (P.O. Box Number is Not	Acceptable)	· ·				
-SIUMHI'FL	. 34334			City		<u></u> -	FL	Zip Code			
		statement for the purpose of chang			lead agent or both in the			iliar with, ar	nd accept		
the obligation	ons of registered agent.	statement for the purpose of creating	_	id Agen) signature requi			DATE				
Fil Atter	LE NOW!!! FEE IS May 1, 2003 Fee will be Payable to Florida De	150.00 16-3-50.00 partment of State				ampaign Financin		Added			
10.	OF	FICERS AND DIRECTORS	11.		AUDITIONS/CITAING	323 10 011 10211		Change	D Addition		
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12. I hereby indicated	d on this report or supple	on supplied with this filing does not on mental report is true and accurate a or trustee empowered to execute th than address, with all other like emp	ing machly sig is report as rec	xemption stated nature shall have quired by Chapter	n Section 119.07(3)(i). Flo the same legal effect as it r 607, Florida Statutes; and	rida Statutes. I fur made under oath d that my name ap	ther ceri ; that I a pears in	tify that the i m an officer a Block 10 o	information or director r Block 11 if		