

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000082189**1. Entity Name
GM2, INC.**FILED****02 JUN 10 PM 5:09****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business
**9301 S.W. 92 AVE APT C-220
MIAMI FL 33157**Mailing Address
**9301 S.W. 92 AVE APT C-220
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

129 SW 129 Ave Box 832430

Suite, Apt. #, etc.

3. Mailing Address

Box 832430

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33183

Country

USA

City & State

Miami, FL

Zip

33283

Country

USA

4. FEI Number

NONE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBER, RICHARD A CPA
13831 S.W. 59TH STREET STE 207
MIAMI FL 33183**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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 \$550.00
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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHANNON, MEREDITH 9301 S.W. 92 AVE APT C-220 MIAMI FL 33157 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANCHEZ, GEORGE 9301 S.W. 92 AVE APT C-220 MIAMI FL 33157 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUBS, MATIAS 9301 S.W. 92 AVE APT C-220 MIAMI FL 33157 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/02 (305) 458-2018

CR2E034 (9/01)