

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90075 035 ***158.75

DOCUMENT # P01000086128

1. Entity Name
GMPG INC

Principal Place of Business
4431 BANNEKA STREET
ORLANDO FL 32811

Mailing Address
4431 BANNEKA STREET
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3742483

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MAGEE, ANINA S
4431 BANNEKA STREET
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name **MAGEE, Anina S**
Street Address (P.O. Box Number is Not Acceptable) **1270 Waterway Circle**
City **Kithia Springs, GA** **FL** **30122**
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 *Anina S. Magee President/Director*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE *2/27/02*

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 **PD** ☐ **Delete**
NAME **MAGEE, ANINA S**
STREET ADDRESS **4431 BANNEKA STREET**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **Director** ☐ **Delete**
NAME **MAGEE, Muneerah S**
STREET ADDRESS **4431 BANNEKA ST.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **Director** ☐ **Delete**
NAME **MAGEE, ANJAIL A**
STREET ADDRESS **4431 BANNEKA ST.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **Director** ☐ **Delete**
NAME **MAGEE, KHAQIJAH A**
STREET ADDRESS **4431 BANNEKA ST.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **Director** ☐ **Delete**
NAME **MAGEE, MIKALS**
STREET ADDRESS **4431 BANNEKA ST.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **Director** ☐ **Delete**
NAME **MAGEE, Ali R**
STREET ADDRESS **4431 BANNEKA ST.**
CITY-ST-ZIP **ORLANDO FL 32811**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Anina S. Magee* **PI** **1-30-02** **407-80-1470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)