## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P01000101921 **DOCUMENT #**

1. Entity Name

G.M.I. HOLDINGS GROUP, INC.



## **FILED** Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90116 013 \*\*\*150.00

Principal Place of Business 5801 NW 122 DRIVE CORAL SPRINGS FL 33076			5801 NW	Mailing Address 5901 NW 122 DRIVE CORAL SPRINGS FL 33076				22001986-						
2. Principal Place of Business			3. Mailing Address							: 00(!) 60(0): IIbii 0	PINI INNIH INNIN IIN	01 i)61 1961		
Suite, Apt. #	etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			City &	City & State				4. FEI Number 65-1151436 Applied Not App				olied For Applicable		
Zip Country			Zip	Zip Count			5. Certificate of Status Desired See Required							
	6 Name	and Address of Curren	t Registered	Registered Agent				7. Name and Address of New Registered Agent						
	U. Haine	and Addition of Contract	<u> </u>			Name	0 E4		STEVE				l	
GREEN, ST	FVE			ļ										
5371 NW 3							Street Address (P.O. Box Number is Not Acceptable)							
SUITE 204	0110 1112													
FT LAUDER							RAL	_	PRINGS	F	J -	3076		
8. The above the obligation	named entitions of reg	y submits this statement ered agent	for the purpo	^	register	ed office or	register	ed age	ent, or both, in the State		n familiar with, a	and accept		
signature _	Signature, types	or printed name of registered age	ent and title if applic	TEVE C	E: Registere	ed Agent signatu	re required	d when re	sinstating)	T DATE				
After	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department	0 of State	f State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
		OFFICERS AN		RS	11.	<del></del> -		ÄD	DITIONS/CHANGES TO	OFFICERS AN			┧,	
10.	D	OT FIGURE 7		☐ Delete	TITL	LE	D				Change	Addition		
TITLE NAME	GREEN, S	STEVE			NAM	ΜE	GR	EEN	o,steve T	o (C-				
STREET ADDRESS	TREET ADDRESS 5371 NW 33RD AVE SUITE 204					REET ADDRESS			122 D	330	46			
CITY-ST-ZIP	FT LAUDE	RDALE FL 33309				Y-ST-ZIP	COR	AL	- SYKINGS	<u> </u>	☐ Change	Addition		
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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 of tustee 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS