FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-11-2002 90245 020 ***150 00

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DO	NOT WRITE	IN THIS SP	VEE	B 01 2	8831
City I State	ATR (21.	3. Mailing Address 600 CorporAT Suite, Apt. #, etc. 5007 C	0	DO NOT WRITE IN THIS 4. FEI Number 65 - 1159614	
City & State	berdale, FL	ST. CAUNE	Country	5. Certificate of Status Desired	\$8.75 Additional
^{zip} 33334	Country	²⁰ 33334	W3A_	7. Name and Address of Current Registere	Fee Required
Samuel Lance Commission Commissio				Scott RASSIER	
	DO NOT W IN THIS SE	PACE :::	600 Ca	(P.O. Box Number is Not Acceptable) SIROTATE Dr., STE 31 LANDEDONE FI pred agent or both in the State of Florida.	
	entity submits this statement for typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ered agent, or both, in the State of Florida. ed when reinstating) DATE	
9. This corporation is Tax filling requirent (See criteria on ba		After May 1 Amended Make Check Payabl	y 1. Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of St	Trust t und Contribution	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS IITLE NAME STREET ADDRESS CITY-ST-ZIP LONG BEACH, CM. 90808			TITLE ' ' NAME: STREET ADDRESS CITY:ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	u President i D Stanley RASSI 278 Britleway OCA RATON, FL	inctor er Trail 38496	TITLE NAME STREET ADDRESS CITY: ST- UP		
	O POT L COTOLL	CEDIOSTON	TITLE		

SECRETARY | TREASU C. Scott RASSIE TITLE NAME GOO COPPORATE D. STE-310 FT LAWBERDAIL, FL 33334 STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE 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-ZIP

13. I hereby certify that the information supplied with this filling 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 by use 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 eceiver or trustee employees to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address with all other like employees.

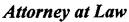
SIGNATURE:

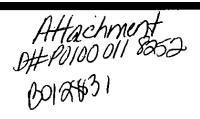
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1110

Daytime Phone #

C. Scott Rassler





July 9, 2002

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention: Reinstatement Section

Re: GMAB, Inc.

Document Number P01000118252

To Whom it May Concern:

Attached is an Annual Uniform Business Report (UBR) Form and a check for the Filing Fee of \$150 for the referenced corporation.

I apologize for the delay in submitting this filing, however we just discovered that our office never received a First Notice, nor the UBR Form that would have accompanied such notice.

Since we've never missed a filing deadline like this with any of our clients in the past, we would greatly appreciate your consideration in accepting this filing and waiving the \$400 Late Fee.

Thank you very much.

C. Scott Rassler