2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000083052 **DOCUMENT #**

1. Entity Name

GLC ASSOCIATES INC.



FILED Mar 05, 2003 8:00 am & Secretary of State 03-05-2003 90076 042 ***150.00



Sulle, Apr. #, etc. Sulle, Ap	Principal Place of Business 5900 COLLINS AVE. UNIT 706 MIAMI BEACH FL 33140				Mailing Address 5900 COLLINS AVE. UNIT 706 MIAMI BEACH FL 33140									
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CONE, LORIN 5000 COLLINS AVE. UNIT 708 MIAMI BEACH FL 33140 8. The aboven narmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent and title disciplicate. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY 5.72P MAKE SIREET ADDRESS GITY-ST-2P MAME SIREET ADDRESS GITY-ST-2P THE MAKE SIREET ADDRESS GITY-ST-2P THE M	Zip		Country	Zip	Zip Counti								8.75 Ac	Iditional
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S. 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. I am familiar with the obligations of registered agent. SIGNATURE Title NoW!! FEE IS \$150.00	5900 COLLINS AVE.							ddress (P.C	D: Box N	umber is Not Ac	ceptable)		• -	
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Signature, hyped or printed crame of registered appert and tilled if applicable. (NOTE: Registered Appert sequency when remutating) DATE	8. The above the obligat	named entity ions of registe	submits this statement fered agent.	or the purp	pose of changing its	registered	d office or	registered	agent, c	or both, in the Sta	ate of Florida	ı. I am fa	.l miliar with	and accept
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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 or trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR