

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000006204**

Entity Name

G.P. & A. CONSULTING INC**FILED**
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90004 040 ***158.75

Principal Place of Business
111 NW 183 ST
STE 518
MIAMI FL 33169

Mailing Address

SAMEPrincipal Place of Business
17 NW 168 ST3. Mailing Address
17 NW 168 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLCity & State
MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip
33169Country
USZip
33169Country
US

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD GEORGE POPPER 111 NW 183 ST MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 17 NW 168 ST MIAMI, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S RICHARD M. BRADBURY 111 NW 183 ST MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 NW 168 ST MIAMI, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

RICHARD M. BRADBURY 4/30/00

Date

Daytime Phone #

305-944-8811

CR2E034 (9/99)