

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020225

1. Entity Name

GJP 1101, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 AM 11:00

553803



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1101 SOUTH RIVERSIDE DRIVE
SUITE 204
POMPANO BEACH FL

415 CHAMPAGNAT R.R. 1
ST-HENRI LEVIS
QUEBEC. 3EO
CA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0397677

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROCHU, DONALD
1101 SOUTH RIVERSIDE DRIVE
SUITE 204
POMPANO BEACH FL 33062

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BROCHU, DONALD
STREET ADDRESS 1101 S. RIVERSIDE DRIVE, SUITE 204
CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

TITLE
NAME 700004481447
STREET ADDRESS
CITY-ST-ZIP -07/17/01--01093--010
****158.75 ****158. ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 is 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:

Donald Brochu
Donald Brochu

14/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREATED 1/10/01