

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90105 039 ***550.00

DOCUMENT # P93000054333

1. Entity Name
THOMAS GREG & SONS, INC.

Principal Place of Business

**2040 NE 163RD ST
 304D
 MIAMI FL 33162
 US**

Mailing Address

**2040 NE 163RD ST
 304D
 MIAMI FL 33162
 US**

00063462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0429337

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

**BRICKELL REGISTERED AGENTS, INC.
 1395 BRICKELL AVE
 THIRD FLOOR
 MIAMI FL 33131**

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!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable 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 **D** ☐ Delete
 NAME **DR. CHARLES GOODSON-WICKES MP**
 STREET ADDRESS **FLAT 23 37 ST. JAMES PLACE**
 CITY-ST-ZIP **LONDON SW1 1NS EN**

TITLE **D** ☐ Change ☐ Addition
 NAME **DR. CHARLES GOODSON-WICKES**
 STREET ADDRESS **FLAT 23 37 ST. JAMES PLACE**
 CITY-ST-ZIP **LONDON SW1 1NS ENGLAND**

TITLE **DP** ☐ Delete
 NAME **BAUTISTA, FELIPE**
 STREET ADDRESS **CARRERA SEXRA NO 3444**
 CITY-ST-ZIP **BOGOTA COLOMBIA**

TITLE **DP** ☐ Change ☐ Addition
 NAME **BAUTISTA, FELIPE**
 STREET ADDRESS **2040 NE 163RD ST 304D**
 CITY-ST-ZIP **MIAMI FL 33162 US**

TITLE **D** ☐ Delete
 NAME **BRIAN SUMMERHAYES**
 STREET ADDRESS **AVENIDA DE LAS AMERICAS NO. 44-57**
 CITY-ST-ZIP **SANTAFE DE BOGOTA CO**

TITLE **D** ☐ Change ☐ Addition
 NAME **BRIAN SUMMERHAYES**
 STREET ADDRESS **2040 NE 163RD ST 304D**
 CITY-ST-ZIP **MIAMI FL 33162 US**

TITLE **VP** ☐ Delete
 NAME **MCMANUS, JONATHAN**
 STREET ADDRESS **16290 NW 13TH AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **VP** ☐ Change ☐ Addition
 NAME **MCMANUS, JONATHAN**
 STREET ADDRESS **2040 NE 163RD ST. 304D**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

Jonathan M. McManus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10th SEPTEMBER 2001
 Date

305 945 8075
 Daytime Phone #

CP2E034 (5/01)