

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056358

1. Entity Name

G.C.S. CAPITAL ASSOCIATES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90089 031 ***150.00

Principal Place of Business

230 FIFTH ST
 MIAMI BEACH FL 33139

Mailing Address

230 FIFTH ST
 MIAMI BEACH FL 33139-6602

2. Principal Place of Business

1632 Pennsylvania Ave
 Suite, Apt. #, etc.

3. Mailing Address

1632 Pennsylvania Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0513186

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
 230 FIFTH STREET
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Craig Robins
 Street Address (P.O. Box Number is Not Acceptable): 1632 Pennsylvania Ave
 City: Miami Beach FL Zip Code: 33139

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, 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 \$150.00

~~After MAY 1, 2000 Fee will be \$550.00~~

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

TITLE: PD
 NAME: ROBINS, GERALD ☐ Delete
 STREET ADDRESS: 33 STAR ISLAND
 CITY-ST-ZIP: MIAMI BEACH FL

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS: 1632 Pennsylvania Ave
 CITY-ST-ZIP: Miami Beach, FL 33139

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

TITLE: ☐ Change ☐ Addition
 NAME:
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 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 reports 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 (305) 531-8700

CR2E034 (9/99)