2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P9400067342** Mar 01, 2000 8:00 am **Secretary of State** G.S. HOLDINGS, INC. 03-01-2000 90034 033 ***150.00 Principal Place of Business Mailing Address % PAUL SINGERMAN, BERICK PEARLMAN & MILLS TURNBERRY WAY 1350 EATON CENTER CLEVELAND OH 44114 MIAMI BEACH FL 33180 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0519919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EARLE, DAVID B Box Number is Not Acceptable) **401 EAST OSCEOLA STREET** FIRST FLOOR STUART FL 34994 8. The above named entity subthits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2-20-2000 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE SINGERMAN, GILBERT NAME STREET ADDRESS 19667 TURNBERRY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL Addition ☐ Delete Change SINGERMAN, GAYLE NAME NAME STREET ADDRESS 19667 TURNBERRY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ Addition ☐ Delete TITLE SINGERMAN, PAUL J. NAME STREET ADDRESS 1350 EATON CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEVELAND OH ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employed 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