

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90130 009 ***150.00

DOCUMENT # P94000067342

1. Entity Name

G.S. HOLDINGS, INC.

Principal Place of Business

**19667 TURNBERRY WAY
PENTHOUSE B
NORTH MIAMI BEACH FL 33180**

Mailing Address

**P O BOX 221307
CLEVELAND OH 44122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0519919**

Applied For

Not Applicable

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

**SUGERMAN, GILBERT
19667 TURNBERRY WAY
PH B
AVENTURA FL 33130**

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SINGERMAN, GILBERT	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SINGERMAN, GAYLE	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SINGERMAN, PAUL J.	
STREET ADDRESS	5614 WEST MINSTER DR	
CITY-ST-ZIP	OLON OH 44139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SINGERMAN, TREAS 3/13/01 (216) 292-5807

Date

Daytime Phone #

CR2E034 (10/00)