2003 FOR PROFIT CORPORATION

May 06, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P95000008643 DOCUMENT # 05-06-2003 90170 001 13.493.75 1. Entity Name G-P NORT, INC. Principal Place of Business Mailing Address 2295 CORPORATE BLVD NW 2295 CORPORATE BLVD NW 55038178 **SUITE 222** SUITE 222 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0554860 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) 2295 CORPORATE BLVD NW **SUITE 222 P O BOX 5010 BOCA RATON FL 33431** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PDST** ☐ Addition TITLE Delete TITLE XI Change NAME NORTON HERRICK NAME 2295 CORPORATE BLVD N.W. STE. 222 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE **VPAS** ☐ Delete TITLE Change ☐ Addition NAME HOWARD HERRICK STREET ADDRESS STREET ADDRESS 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927 CITY-ST-ZIP CITY-ST-ZIP **VPAS** ☐ Addition TITLE TITLE M Change ☐ Delete NAME NAME MICHAEL HERRICK STREET ADDRESS STREET ADDRESS 2 RIDGEDALE AVE STE 370 CITY-ST-ZIP CITY-ST-ZIE CEDAR KNOLLS NJ 07927 TITLE ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME KERMALLI, NISAR STREET ADDRESS STREET ADDRESS 2 RIDGEDALE AVE STE 370 CITY-ST-ZIP CEDAR KNOLLS NJ 07927 CITY-ST-ZIP Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

Kature Required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

FILED