

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90762 001 13,176.25

2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036468

1. Entity Name

G-P MX. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2295 CORPORATE BLVD. NW  
Suite, Apt. #, etc.  
Ste 222

3. Mailing Address

2295 CORPORATE BLVD NW  
Suite, Apt. #, etc.  
Ste 222

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL 33431

City & State  
BOCA RATON FL 33431

4. FEI Number  
65-0579173

Applied For  
Not Applicable

Zip  
33431

Country  
USA

Zip  
33431

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DO NOT WRITE  
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$530.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRESIDENT  
NORTON HERRICK  
2295 CORPORATE BLVD NW STE 222  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VPAS  
HOWARD HERRICK  
2 RIDGEDALE AVE STE 370  
CEDAR KNOLLS, NJ 07927

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VPAS  
MICHAEL HERRICK  
2 RIDGEDALE AVE STE 370  
CEDAR KNOLLS NJ 07927

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VPAS  
NIGAR, KERMAH  
2 RIDGEDALE AVE STE 370  
CEDAR KNOLLS NJ 07927

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)