

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052707

1. Entity Name

GET MANAGEMENT, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90033 038 ***150.00

Principal Place of Business

Mailing Address

~~3211 PONCE DE LEON BLVD.~~
~~#201~~
 CORAL GABLES FL 33134

~~3211 PONCE DE LEON BLVD.~~
~~#201~~
 CORAL GABLES FL 33134-7274

2. Principal Place of Business

3. Mailing Address

304 PALERMO AVE

304 PALERMO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

CORAL GABLES FL

CORAL GABLES FL

Zip

Country

33134

DADE

Zip

Country

33134

DADE

4. FEI Number

65-0596056

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

CHADDERTON, TREVOR B
~~3211 PONCE DE LEON BLVD.~~
~~#201~~
 CORAL GABLES FL 33134

Name

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

304 PALERMO AVE

City

CORAL GABLES

FL

Zip Code

33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME REISS, EDWARD M
 STREET ADDRESS 3211 PONCE DE LEON BLVD. #201
 CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE SVD ☐ Delete
 NAME CHADDERTON, TREVOR B
 STREET ADDRESS 3211 PONCE DE LEON BLVD. #201
 CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 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

TREVOR B. CHADDERTON

Date

1/22/00

Daytime Phone #

305 442 6770

CR2E034 (9/99)