

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90222 012 ***150.00

DOCUMENT # P95000095425

1. Entity Name
THE GPA CORPORATION

Principal Place of Business Mailing Address
8338 SW 182 TERRACE **8338 SW 182 TERRACE**
MIAMI FL 33157 **MIAMI FL 33157**

2. Principal Place of Business 3. Mailing Address
3920 Riverland Rd. **3920 Riverland Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Lauderdale, FL. **Fort Lauderdale, FL.**

Zip Country Zip Country
33312 **Broward** **33312** **Broward**

4. FEI Number Applied For
65-0626138 Not Applicable

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

6. Name and Address of Current Registered Agent
PHILLIPS, JOHN J
230 CATALONIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
Miguel Orozco
 Street Address (P.O. Box Number is Not Acceptable)
10285 N.W. 129th Street
 City State Zip Code
Hialeah **FL** **33018**

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]* **MIGUEL OROZCO** 2/2/01
Signature, typed or printed name of registered agent and date 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.
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 NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, GEORGE R 8338 SW 182 TERRACE MIAMI FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frank J. Gatto 3920 Riverland Rd. Fort Lauderdale, FL. 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Deirdre La Pira 3920 Riverland Rd. Fort Lauderdale, FL. 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **FRANK J. GATTO** 2/2/01 (954) 316-5056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)