

**2001 UNIFORM BUSINESS REPORT (UBR)**

03-02-2001 90111 002 \*\*\*\*61.25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 MAR - 2 PM 4:31

FILED

**DOCUMENT # P95000095425**  
 Entity Name  
**THE GPA CORPORATION**

Principal Place of Business      Mailing Address  
 38 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.



DO NOT WRITE IN THIS SPACE

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

4. FEI Number      Applied For  
**65-0626138**      Not Applicable

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

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      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 **MIGUEL OROZCO**      DATE **2/2/01**  
Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

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	<b>P</b> <b>PHILLIPS, GEORGE R</b> <b>8338 SW 182 TERRACE</b> <b>MIAMI FL 33157</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Frank J. Gatto</b> <b>3920 Riverland Rd.</b> <b>Fort Lauderdale, FL. 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Deirdre La Pira</b> <b>3920 Riverland Rd.</b> <b>Fort Lauderdale, FL. 33312</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **FRANK J. GATTO**      DATE **2/2/01**      DEVIANCE PHONE # **(954) 316-5056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

CR2E034 (10/00)