

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097020

1. Entity Name

GCA NOR-CAR, INC.

Principal Place of Business

719 ALEDO AVENUE
CORAL GABLES FL 33134

Mailing Address

719 ALEDO AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5411 SW 34th Avenue

Suite, Apt. #, etc.

City & State

City & State
Ft. Lauderdale, FL

4. FEI Number 65-0648988

Applied For
Not Applicable

Zip

Country

Zip

Country

33312

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
DANIELS, NICHOLAS M
Street Address (P.O. Box Number is Not Acceptable)
One SE 3rd Avenue
Suite 2400
City
MIAMI, FL 33131 FL Zip Code

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARRIER, NORMA
719 ALEDO AVE.
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARRIER, GREGORY R
719 ALEDO AVE.
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARRIER, CHRISTOPHER H
719 ALEDO AVE.
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARRIER, AMY V
719 ALEDO AVE.
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90071 034 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)