

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90054 038 ***158.75

DOCUMENT # P95000097020

1. Entity Name

GCA NOR-CAR, INC.

Principal Place of Business

**719 ALEDO AVENUE
 CORAL GABLES FL 33134**

Mailing Address

**5411 S.W. 39TH AVE
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

5411 SW 39 Avenue

3. Mailing Address

5411 SW 39 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

Country

33312 USA

Zip

Country

33312 USA

4. FEI Number

65-0648988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M
 ONE SE 3RD AVENUE
 SUITE 2400
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

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, 2002 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 **D** ☐ Delete
 NAME **CARRIER, NORMA**
 STREET ADDRESS **719 ALEDO AVE.**
 CITY-ST-ZIP **CORAL GABLES FL**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **carrier, NORMA**
 STREET ADDRESS **5411 SW 39 AVENUE**
 CITY-ST-ZIP **Dania Beach, FL 33312**

TITLE ☒ Change ☐ Addition
 NAME **CARRIER, GREGORY R**
 STREET ADDRESS **5411 SW 39 AVENUE**
 CITY-ST-ZIP **Dania Beach, FL 33312**

TITLE ☒ Change ☐ Addition
 NAME **carrier Christopher H**
 STREET ADDRESS **5411 SW 39 AVE**
 CITY-ST-ZIP **Dania Beach, FL 33312**

TITLE ☒ Change ☐ Addition
 NAME **CARRIER, AMY V**
 STREET ADDRESS **5411 SW 39 AVENUE**
 CITY-ST-ZIP **Dania Beach, FL 33312**

TITLE ☐ Change ☐ Addition
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 (454) 985-1120

CR2E034 (9/01)