

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90136 044 \*\*\*158.75

**DOCUMENT # P95000097020**

1. Entity Name  
**GCA NOR-CAR, INC.**



Principal Place of Business  
**5411 SW 39 AVE**  
**DANIA BEACH FL 33312**  
**US**

Mailing Address  
**5411 SW 39 AVE**  
**DANIA BEACH FL 33312**  
**US**



2. Principal Place of Business  
**4208 N. 31ST Avenue**

Suite, Apt. #, etc.  
**#1**

City & State  
**HOLLYWOOD, FL**

Zip  
**33021**

Country  
**FLORIDA**

3. Mailing Address  
**4208 N. 31ST Avenue**

Suite, Apt. #, etc.  
**#1**

City & State  
**HOLLYWOOD, FL**

Zip  
**33021**

Country  
**FLORIDA**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRIER, NORMA</b>	
STREET ADDRESS	<b>5411 SW 39 AVE</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRIER, GREGORY R</b>	
STREET ADDRESS	<b>5411 SW 39 AVE</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRIER, CHRISTOPHER H</b>	
STREET ADDRESS	<b>5411 SW 39 AVE</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRIER, AMY V</b>	
STREET ADDRESS	<b>5411 SW 39 AVE</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4208 N. 31ST Avenue #1</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4208 N. 31ST Avenue</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4208 N. 31ST Avenue</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4208 N. 31ST Avenue</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHARLES N. KEYE** 3/3/03 (954) 985-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)