2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000097020

1. Entity Name



FILED

03-07-2003 90136 044 ***158.75

| GCA NOH-CAH, 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 | | | 1 (4 8 1 1) 8 1 1 11 1 12 13 1 1 | Dish fá ink bh in áo ina (bi | 111 1 30 11 06 11 0 | 11 0 11 40 11 1401 |
| | | | | | | | | |
| 2. Principal Place of Business 4208 N. 3157 Avenue 4208 N. 3157 | | | | ا صدا | 1 10011041 116 10161 01111 01 | ini maki ba kki ab ik k imi | AI 1901 MAIN | 11041 0 P 11 0 B1 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State HOILYWOOCI, FL City & State HOILYWOOCI, | | | FL | | 4. FEI Number 65-0648 | 988 | | oplied For of Applicable |
| 730Z | 1 Gountry Broward | 33021 | Country BYDW | 2001 | 5. Certificate of Status Desir | | 8.75 Add | |
| <u> </u> | 6. Name and Address of Current F | | Priced | <u> </u> | 7. Name and Address of No | | | |
| | | | | Name | | | | |
| DANIELS, NICHOLAS M | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ONE SE 3RD AVENUE | | | | CLOCK ACTION (I.S. DOKTASINOS IN TOLYNOCOPIASIO) | | | | |
| SUITE 2400 | | | | | | | | |
| MIAMI FL | 33131 | | City | | . 1 | FL | Zip Code | e |
| 8. The above named entity submits this statement for the purpose of changing its registered | | | | or registere | d agent, or both, in the State of | | l niliar with, | and accept |
| the obligations of registered agent. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | Election Campaig Trust Fund Contrib | ~ ~ | | 0 May Be I to Fees |
| 10. | OFFICERS AND D | DIRECTORS | 11. | | ADDITIONS/CHANGES TO | OFFICERS AND C | IRECTORS | S IN 11 |
| TITLE | D | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME | CARRIER, NORMA | | NAME | 430 | 8N-31STAVER | rue #1 | | |
| STREET ADDRESS CITY-ST-ZIP | 5411 SW 39 AVE DANIA BEACH FL 33312 | | STREET ADDRESS CITY-ST-ZIP | 1420 | 1040001, F1 331 | 00 / | | ľ |
| TITLE | D | | TITLE | TOIL | 10001, FT 53 | | Change | Addition |
| NAME | CARRIER, GREGORY R | m Delete | NAME | | - c c : A . | , | Change | Addition |
| STREET ADDRESS | 5411 SW 39 AVE | | STREET ADDRESS | 4208 | 8 N. 31 ST AV. | enue | | |
| CITY-ST-ZIP | DANIA BEACH FL 33312 | | CITY-ST-ZIP | 1 HO11 | ywood F1 33 | 021 | | |
| TITLE | D | ☐ Delete | TITLE | | , | | Change | Addition |
| NAME CTREET ADDRESS | CARRIER, CHRISTOPHER H | | NAME OTOGET LEGISLES | 420 | ON. BISTAVE | nue. | | |
| STREET ADDRESS CITY-ST-ZIP | 5411 SW 39 AVE DANIA BEACH FL 33312 | | STREET ADDRESS CITY-ST-ZIP | 420 | 8 N. 31STAVE NUMBUR, FI 3 | 202 1 | | |
| TITLE | D DANIA BEACHTE 33312 | ☐ Delete | TITLE | 1 100 | 11/00000, 12, 3 | 5000 | Chanca | Addition |
| NAME | CARRIER, AMY V | L_1 Delete | NAMÉ | | | 9 | Change | Addition |
| STREET ADDRESS | 5411 SW 39 AVE | | STREET ADDRESS | 420 | 8 N-31ST M | enuc | | |
| CITY-ST-ZIP | DANIA BEACH FL 33312 | | CITY-ST-ZIP | Ho | 8 N-315T 1N- 114100001, F13 | 3021 | | |
| TITLE | | ☐ Delete | TITLE | | , | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | 1 | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | , | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Delete | TITLE | + | | | T Change | ☐ Addition |
| NAME | | □ Delete | NAME | | | L | Change | Addition |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | <u></u> | | | | ľ |
| 12. hereby c | ertify that the information supplied with the | his filing does not qualify for th | ne exemption sta | ated in Sect | ion 119.07(3)(i), Florida Statut | es. I further certify | that the in | formation |

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.

CHARLES N. KEYE 3 13 03 (954) 985 - 112 0

SIGNATURE:

Daytime Phone #