## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 04, 2000 8:00 am Secretary of State DOCUMENT # P96000079345 1. Entity Name GILA PROPERTIES, INC. 04-04-2000 90087 006 \*\*\*150.00 Principal Place of Business Mailing Address 1711 BLOUNT RD 1711 BLOUNT RD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-5104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0701136 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1711 BLOUNT RD STE A POMPANO BEACH FL 33069 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME THOMPSON, RICHARD STREET ADDRESS STREET ADDRESS 10695 EUREKA ST CITY-ST-7IP CITY-ST-ZIP <u>BOCA RATON FL 33428</u> TITLE ☐ Delete ☐ Change Addition NAME BERKNER, GERORGE STREET ADDRESS STREET ADDRESS 6153 N 51ST PL CITY-ST-ZIP CITY-ST-ZIP PARADISE VALLEY AZ 85253 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR