

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91023 001 11,745.50

DOCUMENT # P96000094946

1. Entity Name

G-P KCRI, INC.

Principal Place of Business

**2295 CORPORATE BLVD. N.W.
SUITE 222
BOCA RATON FL 33431**

Mailing Address

**2295 CORPORATE BLVD. N.W.
SUITE 222
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0709086**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERRICK, NORTON
2295 CORPORATE BLVD. N.W.
SUITE 222
BOCA RATON FL 33431**

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, 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	PDS	<input type="checkbox"/> Delete
NAME	HERRICK, NORTON	
STREET ADDRESS	2295 CORPORATE BLVD N.W. STE. 222	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HERRICK, HOWARD	
STREET ADDRESS	20 COMMUNITY PLACE, 3RD FLOOR	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	HERRICK, MICHAEL	
STREET ADDRESS	20 COMMUNITY PL	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herrick Howard	
STREET ADDRESS	2 Ridgedale Ave. Ste 370	
CITY-ST-ZIP	Cedar Knolls NJ 07927	
TITLE	VAST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herrick, Michael	
STREET ADDRESS	2 Ridgedale Ave. Ste 370	
CITY-ST-ZIP	Cedar Knolls NJ 07927	
TITLE	Kermalli, Nisar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kermalli, Nisar	
STREET ADDRESS	2 Ridgedale Ave. Ste 370	
CITY-ST-ZIP	Cedar Knolls NJ 07927	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Robert	
STREET ADDRESS	2 Ridgedale Ave. Ste 370	
CITY-ST-ZIP	Cedar Knolls NJ 07927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP 3-22-01 561-241-9880

CR2E034 (10/00)