

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050505

1. Entity Name

G.M.L. PROPERTIES, INC.

Principal Place of Business

1131 N.W. 79TH WAY  
PEMBROKE PINES FL 33024

Mailing Address

1131 N.W. 79TH WAY  
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPLACK, ARIEL ESQ.  
930 SOUTH STATE ROAD 7  
PLANTATION FL 33817

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD	LUCCHESI, GERTRUDE M	1131 N.W. 79TH WAY PEMBROKE PINES FL 33024				
	VP	LUCCHESI, GERTRUDE M	1131 N.W. 79TH WAY PEMBROKE PINES FL 33024				

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:

*Gertrude M. Lucchese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERTRUDE M. LUCCHESI  
4-10-1

Date

Daytime Phone #

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90376 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)