2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700066199 Feb 22, 2001 8:00 am Secretary of State 1. Entity Name G.C. HOMES, INC. 02-22-2001 90134 008 ***150.00 Principal Place of Business Mailing Address 14425 COUNTRY WALK DR 14425 COUNTRY WALK DR MIAMI FL 33186 **MIAMI FL 33186** 1 4 V 4 0 Y US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0803713 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent XHUME R. ESQ SCHUMER, KARL J 9400_S._DADELAND_BLVD.__ SUITE 600 MIAMI FL 33156 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub@ Karl J. Schumer SIGNATURE 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE Change Delete GARCIA-CARILLO, MICHAEL A NAME NAME 14425 COUNTRY WALK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** S ☐ Delete TITLE Change ☐ Addition TITLE SCHUMER, KARL J NAME NAME 120 NE 179 STREET STREET ADDRESS 9400 S. DADELAND BLVD., #600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** MIAMI: FL 33162-1017 VTSD ☐ Addition TITLE ☐ Delete TITLE Change GARCIA-CARRILLO, PEDRO SR NAME NAME 14425 COUNTRY WALK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empowers changed, or on an attachment with an address. With a to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ther like empow

Karl J. Schumer

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SIGNATURE: