FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 10 PM 4:01

DOCUMENT # P97000066199

1. Entity Name
G.C. Homes, INc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14425 Country Walk Drive	14425 Country Walk Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33186 Country: USA	Zip: 33186 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0803713 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Karl J. Schumer, Esq.
Street Address (P.O. Box Number is Not Acceptable): 19495 Biscayne Blvd.
Suite 409
City: Aventura FL Zip Code: 33180

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: _____ 4/30/02
Signature of one director or officer required for this application. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	Garcia-Carillo, Michael A.
STREET ADDRESS	14425 Country Walk Drive
CITY-ST-ZIP	Miami, Florida 33186
TITLE	S
NAME	Schumer, Karl J.
STREET ADDRESS	19495 Biscayne Blvd., Suite 409
CITY-ST-ZIP	Aventura, Florida 33180
TITLE	VTSD
NAME	Garcia-Carrillo, Pedro Sr.
STREET ADDRESS	14425 Country Walk Drive
CITY-ST-ZIP	Miami, Florida 33186
TITLE	V
NAME	Castellanos, Ray
STREET ADDRESS	14425 Country Walk Drive
CITY-ST-ZIP	Miami, Florida 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	5/20/02 AD

CR2EC034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02 305 466.2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #