

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075842

1. Entity Name

G&E MANAGEMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90145 023 ***150.00

| | |
|---|--|
| Principal Place of Business 1505 NW 167TH STREET MIAMI FL 33169 | Mailing Address 1505 NW 167TH STREET MIAMI FL 33169-5146 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 8151 Peters Road Suite, Apt. #, etc. Suite 3300 City & State Plantation, FL Zip 33324 Country USA | 3. Mailing Address 8151 Peters Road Suite, Apt. #, etc. Suite 3300 City & State Plantation, FL Zip 33324 Country USA |
|---|---|

| | |
|--|--|
| 4. FEI Number 65-0777956 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

EPSTEIN, DAVID
1505 NW 167TH STREET
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8151 Peters Road
Suite 3300
City
Plantation FL Zip Code
33324

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D EPSTEIN, DAVID 1505 NW 167TH STREET MIAMI FL 33169 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8151 Peters Road, Suite 3300 Plantation, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GORDON, MARK 1505 NW 167TH STREET MIAMI FL 33169 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8151 Peters Road, Suite 3300 Plantation, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 information.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)