

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029177

1. Entity Name

GTM. & COMPANY, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90038 021 \*\*\*150.00

Principal Place of Business

Mailing Address

11582 NW 51 LANE  
MIAMI FL 33178

2901 SW 41 ST.  
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

11582 N.W. 51 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33178

U.S.A

4. FEI Number- 59-3512100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, DELORA C  
2901 SW 41 ST.  
OCALA FL 34474

Name DELOA BLACK

Street Address (P.O. Box Number is Not Acceptable)

11582 N.W. 51 LANE

City MIAMI

FL

Zip Code 33178

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

*Delora C Black*

DELOA BLACK

1/18/00

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, 2000 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 D ☐ Delete  
NAME BLACK, DELORA C  
STREET ADDRESS 2901 SW 41 ST.  
CITY-ST-ZIP Ocala FL 34474

TITLE PRESIDENT - DIRECTOR ☒ Change ☐ Addition  
NAME DELOA BLACK  
STREET ADDRESS 11582 N.W. 51 LANE  
CITY-ST-ZIP MIAMI FLA 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Delora C Black*

DELOA BLACK

1/18/00

305 594-4454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)