

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90256 022 \*\*\*150.00

A0068672

DO NOT WRITE IN THIS SPACE

|   |   |                     |   |   |  |
|---|---|---------------------|---|---|--|
| <b>DOCUMENT #</b><br>1. Entity Name <span style="font-size: 1.2em; margin-left: 20px;">G.T.S. Management, Inc.</span><br><span style="font-size: 1.2em; margin-left: 20px;">P98000033028</span>   |   |                     |   |   |  |
| Principal Place of Business<br><span style="font-size: 1.2em;">6041 Duval St.</span><br><span style="font-size: 1.2em;">Hollywood, FL 33024</span>  |   |                     | Mailing Address   |   |  |
| 2. Principal Place of Business<br><span style="font-size: 1.2em;">Same</span>   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |   |  |
| City & State  |   | City & State        |   |   |  |
| Zip   | Country   | Zip                 | Country   | 4. FEI Number <span style="font-size: 1.2em;">65-082 6563</span>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                     |   | Applied For<br>Not Applicable                                     |  |
| 6. Name and Address of Current Registered Agent<br><span style="font-size: 1.2em; margin-top: 20px;">Adrian Girolini</span><br><span style="font-size: 1.2em; margin-top: 5px;">6041 Duval St.</span><br><span style="font-size: 1.2em; margin-top: 5px;">Hollywood, FL 33024</span>  |   |                     |   |   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 <span style="font-size: 1.2em; margin-left: 20px;">Adrian Girolini</span> <span style="float: right;">4/30/01</span><br><small>Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |                     |   |   |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br><small>(See criteria on back)</small>   |   |                     | <div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After MAY 1, 2001 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b> </div> |   |  |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |   |                     | \$5.00 May Be Added to Fees   |   |  |
| <b>11. OFFICERS AND DIRECTORS</b>   |   |                     | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President/Director <input type="checkbox"/> Delete<br><span style="font-size: 1.2em;">Adrian Girolini</span><br><span style="font-size: 1.2em;">6041 Duval St.</span><br><span style="font-size: 1.2em;">Hollywood, FL 33024</span> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| 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: <span style="font-size: 1.2em; margin-left: 20px;">Adrian Girolini President</span> <span style="float: right;">4/27/01 (954) 392-6588</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |                     |   |   |  |

CR2E034 (11/00)