## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P98000033595** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name G & E MANAGEMENT ASSOCIATES, INC. 04-12-2000 90164 018 \*\*\*150.00 Principal Place of Business Mailing Address ONE BOCA PLACE.STE.411-E.2255 GLADES RD. ONE BOCA PLACE, STE. 411-E. 2255 GLADES RD. BOCA RATON FL 33431-7382 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0827916 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GOTTSEGEN. STANLEY D ESQUIRE** Street Address (P.O. Box Number is Not Acceptable) ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. **BOCA RATON FL 33431** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE EHRENSTEIN, GABRIEL NAME NAME ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE GOTTSEGEN, EILEEN R NAME STREET ADDRESS STREET ADDRESS ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** Change ☐ Addition ☐ Delete TITLE NAME SAEX, LORRAINE M NAME STREET ADDRESS STREET ADDRESS ONE BOCA PLACE, STE. 411-E, 2255 GLADES RD. CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33431** Change | ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS (埃拉尔人)等等的对方证。 CITY-ST-ZIP CITY-ST-ZIP 与国主人的 人名英格兰 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS 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 the propowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #