

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000042162**

1. Entity Name

G-P NH6 GROUP III, INC.**FILED****Mar 29, 2001 8:00 am**
Secretary of State

03-29-2001 91023 001 11,745.50

Principal Place of Business

**2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON FL 33431-0810**

Mailing Address

**POST OFFICE BOX 5010
BOCA RATON FL 33431-0810**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2295 Corporate Blvd, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 222

City & State

City & State

Boca Raton FL

4. FEI Number

65-0833778

Applied For

Not Applicable

Zip

Country

Zip

Country

33431**USA**

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

**HERRICK, NORTON
C/O THE HERRICK COMPANY, INC.
2295 CORP. BLVD., N.W., SUITE 222
BOCA RATON FL 33431-0810**

Name

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

City

FL

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	PST HERRICK, NORTON	2295 CORP. BLVD., N.W., SUITE 222	BOCA RATON FL 33431-0810	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VPAS HERRICK, HOWARD	20 COMMUNITY PL	MORRISTOWN NJ 07960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPAS Herrick, Howard	2 Ridgedale Ave Ste 370 Cedar Knolls NJ 07927	
<input type="checkbox"/> Delete	VPAS HERRICK, MICHAEL	20 COMMUNITY PL	MORRISTOWN NJ 07960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPAS Herrick, Michael	2 Ridgedale Ave Ste 370 Cedar Knolls NJ 07927	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	C Kermalli, Nisar	2 Ridgedale Ave Ste 370 Cedar Knolls NJ 07927	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CFO Klein Robert	2 Ridgedale Ave Ste 370 Cedar Knolls NJ 07927	
<input type="checkbox"/> Delete				<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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP 3-22-01 561-241-9880

CR2E034 (10/00)