

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90762 001 13,176.25

DOCUMENT # P98000042162

1. Entity Name

G-P NH6 GROUP III, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2295 CORPORATE BLVD NW

Suite, Apt. #, etc.

STE 222

City & State

BOCA RATON FL

33431

USA

3. Mailing Address

2295 CORPORATE BLVD N.W

Suite, Apt. #, etc.

STE 222

City & State

BOCA RATON FL

33431

USA

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4. FEI Number

65-0833778

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 state if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PST
NORTON HERRICK
2295 CORPORATE BLVD NW STE 222
BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPAS
HOWARD HERRICK
2 RIDGE DALE AVE STE 370
CEDAR KNOLLS NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPAS
MICHAEL HERRICK
2 RIDGE DALE AVE STE 370
CEDAR KNOLLS NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPAS
MISAR KERMAH
2 RIDGE DALE AVE STE 370
CEDAR KNOLLS NJ 07927

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CITY-STATE-ZIP

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STREET ADDRESS
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CITY-STATE-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR20020410 (12/01)