

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042175

1. Entity Name

G-P NH6 GROUP V, 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.  
 BOCA RATON FL 33431

Mailing Address

POST OFFICE BOX 5010  
 BOCA RATON FL 33431

66535

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

Zip

Country

Zip

Country

33431

USA

4. FEI Number

65-0833784

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

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

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  
 DPST  
 HERRICK, NORTON  
 2295 CORP. BLVD., N.W., SUITE 222  
 BOCA RATON FL 33431-0810 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPAS  
 HERRICK, HOWARD  
 20 COMMUNITY PL  
 MORRISTOWN NJ 07960 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPAS  
 Herrick, Howard  
 2 Ridgedale Ave Ste 370  
 Cedar Knolls NJ 07927 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPAS  
 HERRICK, MICHAEL  
 20 COMMUNITY PL  
 MORRISTOWN NJ 07960 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPAS  
 Herrick, Michael  
 2 Ridgedale Ave Ste 370  
 Cedar Knolls NJ 07927 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Kermalli, Nisar  
 2 Ridgedale Ave, Ste 370  
 Cedar Knolls NJ 07927 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 CFO.  
 Klein, Robert  
 2 Ridgedale Ave Ste 370  
 Cedar Knolls NJ 07927 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

VP

3-22-01

561-241-9880

Date

Daytime Phone #

CR2E034 (10/00)