## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 29, 2001 8:00 am DOCUMENT # **P98000042235** Secretary of State 1. Entity Name G-P NH6 LR IV. INC. 03-29-2001 91023 001 11.745.50 Principal Place of Business Mailing Address 2295 CORPORATE BOULEVARD, N.W. POST OFFICE BOX 5010 SUITE 222 BOCA RATON FL 33431-0810 66540 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 2295 Corporate Blvd. NW Suite, Apt. #, etc. lite, Apt. #; etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3509377 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) C/0 THE HERRICK COMPANY, INC. 2295 CORP. BLVD., N.W., SUITE 222 **BOCA RATON FL 33431** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST Change ☐ Addition TITI F ☐ Delete TITLE HERRICK, NORTON NAME NAME STREET ADDRESS STREET ADDRESS 2295 CORP. BLVD., N.W., SUITE 222 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431 VPAS** Change ☐ Addition ☐ Delete TITLE TITLE HERRICK, HOWARD NAME ternok, Haward NAME STREET ADDRESS Ridgedale Ave, Ste 370 edar Knolls NS 07927 STREET ADDRESS 20 COMMUNITY PL CITY-ST-ZIP CITY-ST-ZIP **MORRISTOWN NJ 07960** Change ☐ Addition **VPAS** TITLE TITLE ☐ Delete Hernok, Michael HERRICK, MICHAEL NAME NAME 2 Ridordale Ave 5H 370 STREET ADDRESS STREET ADDRESS 20 COMMUNITY PL CITY-ST-ZIP cedar<sup>o</sup> Knolls CITY-ST-ZIP MORRISTOWN NJ 07960 Change Addition TITLE ☐ Delete TITLE Kermalli, Nisar NAME NAME 2 Ridaedale Ave, 54e 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NJ 07927 CITY-ST-ZIP Cedar Knolls CFo Delete TITLE ☐ Change Addition Klein. Robert NAME NAME Ridgedale Ave. Ste 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 07927 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this/filling 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 enhancement of 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 addition, with all other like experiment.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.01 561-241-980

Daytime Phone #