

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 91023 001 11,745.50

DOCUMENT # P98000042297

1. Entity Name

G-P NH6 LR X, INC.

Principal Place of Business

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

Mailing Address

POST OFFICE BOX 5010  
BOCA RATON FL 33431-0810

00340

2. Principal Place of Business

3. Mailing Address

2295 Corporate Blvd, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SK 222

City & State

City & State

Boca Raton FL

4. FEI Number

65-0833725

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

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HERRICK, HOWARD 20 COMMUNITY PL MORRISTOWN NJ 07960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Herrick, Howard 2 Ridgedale Ave, Sk 370 Cedar Knolls, NJ 07927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HERRICK, MICHAEL 20 COMMUNITY PL MORRISTOWN NJ 07960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Herrick, Michael 2 Ridgedale Ave, Sk 370 Cedar Knolls, NJ 07927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kormalli, Nisar 2 Ridgedale Ave, Sk 370 Cedar Knolls, NJ 07927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Klan, Robert 2 Ridgedale Ave, Sk 370 Cedar Knolls, NJ 07927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)