

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90073 032 ***150.00

DOCUMENT # P98000046059

1. Entity Name
F G R W, INC.

Principal Place of Business

**1450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 33146**

Mailing Address

**1450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 33146**

2. Principal Place of Business

10480 SW 123 Street

Suite, Apt. #, etc.

MIAMI FLORIDA

City & State

Zip

33176

Country

USA

3. Mailing Address

10480 SW 123 Street

Suite, Apt. #, etc.

MIAMI FLORIDA

City & State

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0880865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GELMAN, LYNN H
1450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

LYNN H GELMAN

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

10480 SW 123 STREET

City

MIAMI

FL

Zip Code

33176

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

TITLE **D** ☐ Delete
NAME **WEBMAN, MARK**
STREET ADDRESS **1450 MADRUGA AVENUE, SUITE 302**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete
NAME **GELMAN, RICHARD**
STREET ADDRESS **1450 MADRUGA AVENUE, SUITE 302**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete
NAME **ROTHENBERG, LEONARD**
STREET ADDRESS **1450 MADRUGA AVENUE, SUITE 302**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete
NAME **FISHER, JEROME**
STREET ADDRESS **1450 MADRUGA AVENUE, SUITE 302**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MARK WEBMAN**
STREET ADDRESS **10480 SW 123 Street**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☐ Addition
NAME **GELMAN Richard**
STREET ADDRESS **10480 SW 123 Street**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☐ Addition
NAME **ROTHENBERG, LEONARD**
STREET ADDRESS **10480 SW 123 Street**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☐ Addition
NAME **Fisher, Jerome**
STREET ADDRESS **10480 SW 123 Street**
CITY-ST-ZIP **MIAMI, FL 33176**

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

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

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:

Richard Gelman **RICHARD GELMAN** **1/20/01** **305 235-7488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)