

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90012 046 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087995

1. Corporation Name

G.L.P. HOME IMPROVEMENT COMPANY

Principal Place of Business
**7257 GOLDEN STAR AVENUE
LAS VEGAS NV 89130**

Mailing Address
**7257 GOLDEN STAR AVENUE
LAS VEGAS NV 89130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1998

4. FEI Number **88-0406604** Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **1701 King James ST**
Suite, Apt. #, etc. **103**

23 **Las Vegas**
City & State

24 **89134** 25 **NV**
Zip Country

2a. Mailing Address

26 **1701 King James ST**
Suite, Apt. #, etc. **103**

28 **Las Vegas**
City & State

29 **89134** 30 **NV**
Zip Country

9. Name and Address of Current Registered Agent

**MIRABAL, JEANNETTE ESQ.
C/O CARMEL & ASSOCIATES, P.A.
100 N. BISCAYNE BLVD., #2800
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BENSOUSSAN, PIERRE YVES**
STREET ADDRESS **7257 GOLDEN STAR AVENUE**
CITY-ST-ZIP **LAS VEGAS NV 89130**

TITLE **D** ☐ DELETE
NAME **BENSOUSSAN, LAURENCE**
STREET ADDRESS **7257 GOLDEN STAR AVENUE**
CITY-ST-ZIP **LAS VEGAS NV 89130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **Bensoussan P.Y**
1.3 STREET ADDRESS **1701 King James ST #103**
1.4 CITY-ST-ZIP **89134 Las Vegas**

2.1 TITLE **Bensoussan Laurence** ☐ Change ☐ Addition
2.2 NAME **1701 King James ST #103**
2.3 STREET ADDRESS **89134 Las Vegas**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(SIGNATURE REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(702) 6457267

CR2E034 (5/99)

0120970

GLP Home Improvement
1701 King James St #103
89134 Las Vegas -

7/8/99.

595490-90012-46
P98000087995

Division of Corporations
P.O. Box 6327
Tallahassee
Florida 32314

I just received your 2nd notice
and I call your services because
I never received the first notice.

Please find enclosed a check of
\$150⁰⁰ as say by your services.

Any way, we didn't work with
the company the paper are not
completed

Thanks
Sincerely

