

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087995

1. Entity Name

G.L.P. HOME IMPROVEMENT COMPANY

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90175 013 ***150.00

Principal Place of Business

2213 Tosca ST #102
Las Vegas NV 89128

Mailing Address

2213 Tosca ST
Las Vegas NV 89128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0406604

Applied f

Not Appli

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

Burton
4310 Sheridan Street
Suite 202
Hollywood, FL 33021

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, its 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 reappointing)

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, 2000 Fee will be \$300.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P BENSOUSSAN, PIERRE YVES**
STREET ADDRESS **2213 Tosca ST #102**
CITY-STATE-ZIP **Las Vegas NV 89128**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D BENSOUSSAN, LAURENCE**
STREET ADDRESS **2213 Tosca ST #102**
CITY-STATE-ZIP **Las Vegas NV 89128**

TITLE ☐ Change ☐ Add
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 has 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 in Section 119.07, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 (702) 6457267 961 1040
Date Time