

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90102 001 \*1,200.00

**DOCUMENT #**

**1. Entity Name**

G.B.E. ACQUISITIONS, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

SARA MILLER

Suite, Apt. #, etc.

9430 NW 16 STREET

City & State

PLANTATION, FL

Zip

33322

Country

US

**3. Mailing Address**

SARA MILLER

Suite, Apt. #, etc.

9430 NW 16 STREET

City & State

PLANTATION, FL

Zip

33322

Country

US

**4. FEI Number**

841483892

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

SARA MILLER

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

9430 NW 16 STREET

City

PLANTATION

FL

Zip Code

33322

**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)**

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

JOEL S. BERKOWITZ

P

24 HEARTHSTONE DR  
ASHVILLE, NC 28803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DAVID C. HENNESSY

VP

11873 SPRING RD STE 10  
CONIFER, CO 80433

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HENNESSY

Date

Daytime Phone #

4/24/02

303-833-1401

CR2E034B (12/01)