

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107170

1. Entity Name

G & C 900 CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90265 004 ***158.75

Principal Place of Business

900 S.W. 2ND AVENUE
MIAMI FL 33131

Mailing Address

100 S. BISCAYNE BLVD.
SUITE 1101
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

900 S.W. 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

4. FEI Number

65-6286588

Applied For

Not Applicable

Zip

33130

Country

Zip

33130

Country

MIAMI DADE

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

COWAN, PAUL M
100 S. BISCAYNE BLVD.
SUITE 1101
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)
900 S.W. 2nd AVENUE

City

MIAMI

FLORIDA

FL

Zip Code

33130

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)

04/23/2001

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
P/S
COWAN, PAUL M
100 S BISCAYNE BLVD., STE. 1101
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900 S.W. 2nd Avenue
Miami, Florida 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
GOLDEN, EDWARD I
100 S BISCAYNE BLVD., STE. 1101
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900 S.W. 2nd Avenue
Miami, Florida 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

PAUL COWAN

04/23/2001

305-856-5440

Date

Daytime Phone #

0151878

CR2E034 (10/00)