## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OIL

## FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P99000010324 1. Entity Name GM COMMERCIAL CAPITAL CORP. 05-23-2000 90232 018 \*\*\*150.00 Principal Place of Business Mailing Address 301-SE 10TH-ST 301 GE 10TH ST: PQMPANO BCH\_FL 33300-1620 POMPANO BGH Ft 33000 10007. 3. Mailing Address 2. Principal Place of Business 6303 Bay Club Drive 6303 Bay Club Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite # 4 City & State 4. FEI Number Applied For 65-0895251 FT. Laudendale FT. Landerdale FL. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33308-1620 USA 33308 - 1620 Fee Required usp 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gregory J. Megas, Sr MEGAS, GREGORY J SR. Street Address (P.O. Box Number is Not Acceptable) 6303 Bay Club Drive Apt 4 301 SE 101H ST. POMPANO BCHFL 33060 FT. Lauderdale, FL. 33305 Zip Code **33308** East Landerdale 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. 4-14-2000 SIGNATURE DATE ~ of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President TITLE Change ☐ Addition TITLE ☐ Delete megas, Gregory J. Sr. 6303 Bay Club Drive Apt # 4 MEGAS, GREGORY J SR. NAME NAME STREET ADDRESS STREET ADDRESS 301 SE 101H ST. FT. Lauderdale, FL. 33308-1620 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCHTE 33060 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.