

2000-UNIFORM BUSINESS REPORT (UBR)

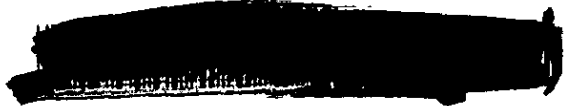
DOCUMENT # P99000010621
Entity Name

GSM MANAGEMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90312 050 ***158.75

Principal Place of Business Mailing Address
1 PHIPPS PLAZA 211 PHIPPS PLAZA
PALM BCH FL 33480 PALM BCH FL 33480-4241

Principal Place of Business 3. Mailing Address
211 Phipps Plaza Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Palm Beach City & State
City & State City & State
Florida City & State
Zip Country Zip Country
33480 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0896266 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Gregory S. Moross
211 PHIPPS PLAZA
PALM BCH FL 33480

7. Name and Address of New Registered Agent
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 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) ☐ FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	211 Phipps Plaza		STREET ADDRESS		
CITY-STATE-ZIP	Palm Beach, FL 33480		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
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CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Gregory S. Moross, President 04-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR