

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047249

1. Entity Name

G.M.L. & ASSOCIATES, INC.

04-03-2000 90140 031 ***150.00
FILED P99000047249

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00030010



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

375 SOUTH COUNTY ROAD
SUITE 218
PALM BEACH FL 33480

375 SOUTH COUNTY ROAD
SUITE 218
PALM BEACH FL 33480-4407

2. Principal Place of Business

P.O. Box 141445

3. Mailing Address

P.O. Box 141445

Suite, Apt. #, etc.

Coral Gables, FL

Suite, Apt. #, etc.

Coral Gables, FL

City & State

33114-1445

City & State

33114-1445

Zip

Country

Zip

Country

4. FEI Number

65-0927910

Applied For

Not Applicable

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

EVANS, LESLIE ROBERT
375 SOUTH COUNTY ROAD
SUITE 218
PALM BEACH FL 33480

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 use 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
After MAY 1, 2000 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
PSD
EVANS, LESLIE ROBERT
375 SOUTH COUNTY ROAD SUITE 218
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
MARIA ELENA COOLEY
P.O. Box 141445
Coral Gables, FL 33114 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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☐ Change ☒ Addition
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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:

Maria Elena Cooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

Daytime Phone #

CR2034 (9/99)