

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 041 ***150.00

DOCUMENT # P99000059696

1. Entity Name

G.C.M. ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

653109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4250 GALT OCEAN DR.

3. Mailing Address

4250 GALT OCEAN DR.

Suite, Apt. #, etc.

APT. 15-G

Suite, Apt. #, etc.

APT. 15-G

City & State

FT. Lauderdale, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0931178

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GRAZIANO, BENJAMIN

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

4250 GALT OCEAN DR.

APT. 15-G

City

FT. LAUDERDALE

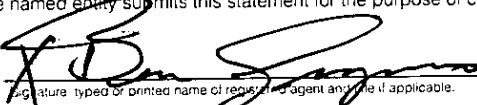
FL

Zip Code
33308

**DO NOT WRITE
IN THIS SPACE**

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 fee 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
P/D	GRAZIANO, BENJAMIN	4250 GALT OCEAN DR. APT.15-G	FT. LAUDERDALE, FL 33308
VP/D	CAPUZZI, PAT	14452 LONG AVE.	MIDLOTHIAN, IL 60445
S/T/D	MAFFEO, LINDA	1200 N. OCEAN DR. APT.200	POMPANO BEACH, FL 33062

**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

BENJAMIN GRAZIANO 4/19/02 346-7288

Date

Daytime Phone #