FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000071058

FILED

02 APR 30 AM 11: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1221 Brickell Avenue 3. Mailing Address Same as principal Attn: Dir of Finance place of business City & State City & State Miami. FL

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Applied For Not Applicable

⁷33131

SIGNATURE

DOCUMENT #

- GTH Capital, Inc.

1. Entity Name

Country

Country

5. Certificate of Status Desired 7. Name and Address of Current Registered Agent

465 №0943411

\$8.75 Additional Fee Required

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Garrett, Richard G

Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avenue, Ste 2100'

Miami

313P\$1 FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filling 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

OFFICERS AND DIRECTORS 11. President/Secretary TITLE TITLE NAME NAME Richard Rosenbaum STREET ADDRESS STREET ADDRESS 1221 Brickell Avenue, #2100 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 TITÉE FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Asst. Treasurer TITLE TITLE David Hirsch NAME NAME

1221 Brickell Avenue, #2100 STREET ADDRESS CITY - ST-ZIP Miami, FL 33131 TITLE NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP STREET ADDRESS CITY-ST-7IP TITLE

STREET ADDRESS

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CITY-ST-ZIP CITY-ST-ZIP einformation 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 it of 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 the receiver or supplemental true empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an 13. I hereby certify that the indicated on this report of the corporation of attachment with an a

NAME."

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY_ST_7IP

SIGNATURE:

CITY - ST- 78P

CHY-ST-7IP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hirsch, Asst. Treasurer

Daytime Phone #

CR2E034B

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ACCOUNT FILING COVER SHEET WALK IN

FCA00000014

ACCOUNT #:

CORPDIRECT AGI 103 N. MERIDIAN TALLAHASSEE, F 850-222-1173	STREET
CONTACT: DATE:	Pam 4-30-02 N5010271
REF #: CORP. NAME:	GTH Capital, Inc
() CERTIFIED (E ATTACHED ANNUAL REPORT AND ISSUE A: COPY $($ PLAIN COPY $($ $)$ GOOD STANDING UR ACCOUNT IN THE AMOUNT OF $\$$
AUTHORIZATION	CHick