

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086473

1. Entity Name

G.C. ACQUISITIONS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90041 033 ***150.00

Principal Place of Business PRESIDENTIAL CIRCLE SUITE 485 SO 4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021	Mailing Address PRESIDENTIAL CIRCLE SUITE 485 SO 4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021-6751
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COHEN, MARK D PRESIDENTIAL CIRCLE SUITE 485 SO 4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. ☐ **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	D GRABARNICK, LAWRENCE PRESIDENTIAL CIR 4000 HOLLYWOOD BLVD 485 S HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 a voter like empowered.

SIGNATURE: Lawrence Grabarnick 4-16-2000 3059359903
DIRECTOR Date Daytime Phone #

CR2E034 (9/99)