2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000107337 1. Entity Name GMZ ENTERPRISES INC. Principal Place of Business Mailing Address 20017 MONA CIRCLE 20017 MONA CIRCLE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent ZUCKERMAN, GAIL Street Address 20017 MONA CIRCLE **BOCA RATON FL 33434**

3/8

May 17, 2000 8:00 am Secretary of State

							03-08-2000 9	90034	027 ***	150.00	
Principal Place	of Business		Mailing Address			_					
2017 MONA CIRCLE OCA RATON FL 33434			20017 MONA CIRCLE BOCA RATON FL 33434								
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2. Principal Place of Business			3. Mailing Address								
Suite. Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State	 	4. FE	El Number 968762			lied For Applicable		
Zip Country			Zip	Zip Country			5. Certificate of Status Desired See Required			tional	
·	6 Name	and Address of Durron	t Dagistared Anant			7 N	ame and Address of New Registe		<u> </u>		
	b. Name (and Address of Curren			Name	7. 14	allie and Address of new neglete	reu My	nn .		
ZUCKERMAN, GAIL 20017 MONA CIRCLE BOCA RATON FL 33434					Street Address (P.O. Box Number is Not Acceptable)						
5007	111110111	. 00101			City			FL	Zip Code		
8. The above	named entity	submits this statement	for the purpose of changir	ng its register	ed office or reg	gistered age	ent, or both, in the State of Florida.	•			
SIGNATURE _	Signature, typed o	a. ur printed name of registered age:	ni and title it applicable	(NOTE: Registere	d Agent signature re	equired when rei	instating) (DATE			
9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee will be \$550				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			May Be to Fees	
11,	····	OFFICERS AN		12.			J DITIONS/CHANGES TO OFFICERS	S AND C	IRECTORS	IN 11	
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

SIGNATURE AND T

561-488-8848