8/26/02

<b>2002 UNIFORM BUSINESS</b>	REPORT	(UBR)
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DOCUMENT # S06332  1. Entity Name G.L.R.C., CORP.						FILED' 02 SEP -9 PM 2: 31			AV	
Principal Place of Business 1720 NE 79TH ST CAUSEWAY SUITE 111 NORTH BAY VILLAGE FL 33141		SUITE 111	1720 NE 79TH ST CAUSEWAY			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4.	FEI Number NOT APPLICABLE		plied For at Applicable		
Zip	Country	Zip	Zip Country		5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of	f Current Registered Agent	<del></del>	Nome	7. 1	Name and Address of New Registered A	gent		]	
รณเกมิก	N NODMÁNÍE			Name		· · · · · · · · · · · · · · · · · · ·				
SOLOMON, NORMAN F 1720 NE 79TH ST CAUSEWAY				Street Addre	ess (P.O. E	Box Number is Not Acceptable)				
SUITE 111 NORTH BAY VILLAGE FL 33141					<b>□</b> Zip Code				-	
NORTH BAY VILLAGE FL 33141     City      The above named entity submits this statement for the purpose of changing its registered office or recognition.			ed office or reg	istered ag						
the obligat	ions of registered agent.							•		
SIGNATURE .	Signature, typed or printed name of regis	istered agent and title if applicable. (NC	TE: Registere	d Agent signature re	quired when re	einstating) DATE				
Tax filing r	pration is eligible to satisfy its requirement and elects to do stria on back)		3, 2002			10. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be to Fees	1	
13	OFFICE	ERS AND DIRECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 N 11	_ [	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete SOLOMON, NORMAN F 1720 NE 79TH ST CAUSEWAY SUITE 111 NORTH BAY VILLAGE FL 33141					□ Change □ Addition 4000076631742 -09/11/0201046012 ****158.75 ****158.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete						☐ Change	Addition	CR2E034 (4/02)	
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP		☐ Delete		i			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition		
TITLE NAME Street address City-St-Zip		☐ Delete		I			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				☐ Change	☐ Addition		
of the corp	on this report or supplementa poration or the receiver or trus	il report is true and accurate and that	my signati Las requir	ure chell have t	ha cama k	119.07(3)(i), Florida Statutes. I further certif egal effect as if made under oath; that I am da Statutes; and that my name appears in	a on officer o	or discourage		

SIGNATURE: Carolina of Signature and Typed on printed MAME OF SIGNATURE AND TYPED OR PRINTED MAME OF SIGNATURE AND TYPED OR PRINTED MAME OF SIGNATURE AND TYPED OR PRINTED MAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED MAME OF SIGNATURE OF SIGNATUR

attachmento # 701000119474

## Offices of Norman F. Solomon

1720 N.E.79<sup>th</sup> Street Causeway Suite 111 North Bay Village, Florida 33141-4222

Telephone: 305-865-2490 Facsimile: 305-865-2755

August 26, 2002

Division of Corporations
Annual Report/Uniform Business
Report Section
PO Box 6327
Tallahassee, Fla 32314

Attention:

Barbara Mitchell

**Document Specialist** 

Document # S06332 G.L.R.C. Corp. Document # P01000119474 T-Ride

Dear Ms. Mitchell:

My father, Norman Solomon, has been very ill for several months now and is still hospitalized. I am therefore handling some of his affairs in my capacity as his Attorney in Fact under his Power of Attorney. A copy is enclosed for your immediate reference.

In reviewing his files, I note that he received a delinquent notice of filing for the above referenced corporations. I have spoken with his secretary who informed me that no original notice was ever received, which is believed to be because mail was being forwarded to another address during this time period due to construction repairs at his office.

With your permission, I would request that the late fee be waived and the enclosed UBR's, with payment in the amount of \$158.75 each, be accepted as timely filed.

I apologize for the delay, but I have been supervising my father's medical care and treatment and trying to take care of his personal matters while he has been hospitalized.

Thank you for your consideration. Please let me know if you need anything further.

With kindest regards,

Carol J. Solomon

Attorney in Fact for Norman F. Solomon

w/encls.

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