

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91130

1. Entity Name

GMO FINANCIAL, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90101 034 ***150.00

Principal Place of Business

11790 S.W. 89TH ST.
MIAMI FL 33186-2166

Mailing Address

11790 S.W. 89TH ST.
MIAMI FL 33156-2865

2. Principal Place of Business

9700 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI, FLORIDA

Zip

33156

Country

USA

3. Mailing Address

9700 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI, FLORIDA

Zip

33156

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0293773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, JEFFREY M.
11790 SOUTHWEST 89TH ST
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name GREENBERG, JEFFREY M.

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

9700 S. DIXIE HIGHWAY

SUITE 900

City

MIAMI

FL

Zip Code

33156

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 title 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) ☐

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENBERG, JEFFREY M.	
STREET ADDRESS	11790 S.W. 89TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, JEFFREY M.	
STREET ADDRESS	9700 S. DIXIE HIGHWAY, SUITE 900	
CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)