

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51175

1. Entity Name

GBS BOCA, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90086 040 \*\*\*150.00

Principal Place of Business

C/O MORTON R. GOUDISS  
1111 LINCOLN ROAD SUITE 680  
MIAMI FL 33139

Mailing Address

C/O MORTON R. GOUDISS  
1111 LINCOLN ROAD SUITE 680  
MIAMI FL 33139-2452

2. Principal Place of Business

21302 St. Andrews Blvd.

3. Mailing Address

117 N.W. 9th Terrace

Town Square Shopping Center

Suite, Apt. #, etc.

Boca Raton, Florida

HALLANDALE, Florida

4. FEI Number

65-0345895

Applied For

Not Applicable

Zip  
33486

Country  
USA

Zip  
33009

Country  
USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOUDISS, MORTON R.  
1111 LINCOLN ROAD  
SUITE 680  
MIAMI FL 33139

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BERN, KENNETH S.	
STREET ADDRESS	1037 B NW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BERN, MARLA	
STREET ADDRESS	1037 B NW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERN, KENNETH	
STREET ADDRESS	117 N.W. 9th Terrace	
CITY-ST-ZIP	Hallandale, Florida 33009	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERN, MARLA	
STREET ADDRESS	117 N.W. 9th Terrace	
CITY-ST-ZIP	Hallandale, Florida 33009	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 954 456 2988

CR2E034 (9/99)