

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000060545

FILED  
Feb 14, 2002 8:00 AM  
Secretary of State

Entity Name: GNOSIS, INC.

**Current Principal Place of Business:**

4515 SW 94TH AVE  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

4515 SW 94TH AVE  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 65-1125397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTODOULOU, MICHAEL  
4515 SW 94TH AVE  
MIAMI, FL 33165

**Name and Address of New Registered Agent:**

CHRISTODOULOU, MICHAEL  
4515 SW 94 AVENUE  
MIAMI, FL 33165

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: \_\_\_\_\_

02/14/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete  
Name: CHRISTODOULOU, MICHAEL  
Address: 4515 SW 94TH AVE  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: CHRISTODOULOU, MICHAEL  
Address: 4515 SW 94TH AVE  
City-St-Zip: MIAMI, FL 33165

Title: CFOD ( ) Delete  
Name: IRIARTE, JOSE  
Address: 8500 SW 109 AVE #218  
City-St-Zip: MIAMI, FL 33173

Title: DS ( ) Delete  
Name: PFEIFFER, KEVIN  
Address: 8220 SW 148 DR  
City-St-Zip: MIAMI, FL 33158

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CHRISTODOULOU

CEOP

02/14/2002

Electronic Signature of Signing Officer or Director

Date