

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90251 045 \*\*\*150.00

**DOCUMENT # P93000035285**

1. Entity Name

**GREGORI INTERNATIONAL OF FLORIDA INC.**

Principal Place of Business  
**520 BRICKELL KEY DR  
SUITE 0-305  
MIAMI, FL 33131**

Mailing Address  
**520 BRICKELL KEY DR  
SUITE 0-305  
MIAMI, FL 33131**

**A0065856**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

**65-0410725**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, STEPHEN  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI, FL 33131**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so   
(See criteria on back)

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  Delete  
NAME **DS**  
STREET ADDRESS **LECLERC, CHRISTOPHE**  
CITY-ST-ZIP **8350 NW 56 ST  
MIAMI, FL 33166**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **P**  
STREET ADDRESS **GREGORI, JEAN-LOUIS**  
CITY-ST-ZIP **520 BRICKELL KEY DR SUITE 0-305  
MIAMI, FL 33131**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VP**  
STREET ADDRESS **GREGORI, XAVIER**  
CITY-ST-ZIP **8350 NW 56 ST  
MIAMI, FL 33166**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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)(c), 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. 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

4/25/01

3056637393

DATE

REGISTRATION NUMBER