

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # *P95000083708*

1. Entity Name:
G & F II Corp.

FILED

00 MAR 30 AM 12:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 777 Brickell Avenue Suite 950
 Miami, FL 33131 164 Market Street, 306
 Charles, SC 39401

2. Principal Place of Business 3. Mailing Address
 5025 Collins Avenue Suite 1405
 Miami, Florida 395 Alhambra Circle
 Coral Gables, Florida

DO NOT WRITE IN THIS SPACE
03.30.00 90049 005 61.25
 4. FEI Number 13-3624262
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jorge L. Lopez-Garcia
 777 Brickell Avenue, Suite 950
 Miami, FL 33131

7. Name and Address of New Registered Agent
 Name: **Jorge L. Lopez-Garcia**
 Street Address (P.O. Box Number is Not Acceptable): **395 Alhambra Circle**
 Suite 301
 City: **Coral Gables** FL Zip Code: **33134**

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: *Jorge L. Lopez-Garcia* DATE: *3/20/00*

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 17 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	D	<input checked="" type="checkbox"/> Delete
NAME	Bland, Jill M	
STREET ADDRESS	5757 Collins Ave., #1602	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	Scevola, Giorgio	
STREET ADDRESS	5757 Collins Ave., #1602	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	Scevola, Giorgio	
STREET ADDRESS	5025 Collins Ave., #1405	
CITY-ST-ZIP	Miami, FL 33140	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scevola, Filippo	
STREET ADDRESS	5025 Collins Ave., #1405	
CITY-ST-ZIP	Miami, FL 33140	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scevola, Paola Manfroni	
STREET ADDRESS	5025 Collins Ave., #1405	
CITY-ST-ZIP	Miami, FL 33140	
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 persons empowered.

SIGNATURE: *Giorgio Scevola* DATE: *3/22/00* (305) 865-2877

CR2E034 (9/99)

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