FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State P97000043647 DOCUMENT # 1. Entity Name G & P FACTORY OUTLET CORP. 01-17-2002 90034 016 ***150.00 Principal Place of Business Mailing Address 544 NORTH MIAMI AVE 544 NORTH MIAMI AVE MIAMI FL 33166 MIAM! FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0760373 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANIRY, JACOB Street Address (P.O. Box Number is Not Acceptable) 544 NORTH MIAMI-AVE: MIAMI FL 33136 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangiple 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 . Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE CR2E034 (9/01) ☐ Delete ☐ Addition PANIRY, JACOB NAME NAME **544 NORTH MIAMI AVE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33136 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition NAME PANIRY, MALKA NAME STREET ADDRESS 544 NORTH MIAMI AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33136 TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ; ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

SIGHNEURE REUGHRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

Date

Daytime Phone #