## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P99000095336 GORIS GROUP CO. 01-30-2001 90053 032 \*\*\*150.00 Principal Place of Business Mailing Address 240 CRANDON BLVD 240 CRANDON BLVD KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0958575 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code Ithis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subm SIGNATURE Signature, typed or p (NOTE: Registered Agent signature required when reinstating) ad name of registered agent and title if applicable. FILE-NOW!!! FEE IS \$150.00 - -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Addition □ Delete TITLE TITLE GORIS, JOSE M. GORIS, JOSE M NAME NAME 181 CRANDON BLUD. #105 69 to \$ 10 to 10 t STREET ADDRESS STREET ADDRESS CITY-ST-7IP KEY BISCAYNE, FL. 33149 CITY-ST-ZIP MEDIL FL 8848 33 149 TITLE □ Delete TITLE GORIS, VIVIANA GORIS, VIVIANA I NAME NAME 181 CRANDON BLUD #105 ICEY BISCAYNE, FL. 32149-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP | FL 2013 | 33 / 49 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_

CITY-ST-7IP

13. I hereby certify that the information supplied with his filling 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 an object of the corporation or the receiver or trustee an object of the corporation or the receiver or trustee an object of the corporation or the receiver or trustee 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.

01/22/01 305-361-5252
Daytime Phone #