2000 UNIFORM BUSINESS REPORT (UBR) FILED 554031 **DOCUMENT #** Aug 25, 2000 8:00 am G. E. L. Building, Inc. Secretary of State 08-03-2000 90029 045 ***150.00 Mailing Address PO.BOX 17560 DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33318 Zip Code City ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this sty SIGNATURE DATE (NOTE: Registered Agent signature required when remetating) FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-716 ☐ Addition Change - Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE 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 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ___ SI-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 triffstee empowered to execute this report or required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if

STEVE LAMASTRO G.E.P.L PO BOX 17560 PLANTATION, FL 33318

Request taken by: yfisher 07-20-2000

The forms you recently requested from this office are:

201. COR Profit A/R (1)

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations -- Prove BOX 6327 -- Tallahassee_FL 32314

I never received the form.