

1. Entity Name

G.I.B. INC.

258574

FILED

00 FEB 28 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O HARVEY HOROWITZ
239 EAST 79 ST.
NEW YORK NY 10021
US

C/O HARVEY HOROWITZ
239 EAST 79 ST.
NEW YORK NY 10021-0810
US

Original Place of Business

Mailing Address

C/O David Berdon & Co. LLP

C/O David Berdon & Co. LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

415 Madison Avenue

415 Madison Avenue

City & State

City & State

New York NY

New York NY

Zip

Country

Zip

Country

10017

USA

10017

USA

4. FEI Number

34-6542314

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

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 changing)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete HOROWITZ, HARVEY 239 EAST 79TH STREET NEW YORK NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stuart B. Kotler - 415 Madison Avenue New York, NY 10017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003162064 -03/08/00--01051--006 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE:

Stuart B. Kotler

2/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone

KE

Stuart B. Kotler