FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCÜMENT # 339511 **Secretary of State** G. B.B. INVESTMENTS, INC. 03-21-2001 90074 031 ***150.00 Principal Place of Business Mailing Address 9700 SO. DIXIE HWY.. #570 9700 SO. DIXIE HWY.. #570 80021477 MIAMI FL 33156 MIAMI FL 33156 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 59-1270465 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ The same of the same of the same of COLONNA, DAVID W Street Address (P.O. Box Number is Not Acceptable) 9700 S DIXIE HWY#570 **MIAMI FL 33156** 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 Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. DS ☐ Change Addition TITI F TITLE BAILEY, GUY B NAME NAME STREET ADDRESS 9700 SO. DIXIE HWY., #570 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 President/Tregsurent Change Delete TITLE TITLE COLONNA, DAVID W NAME NAME STREET ADDRESS STREET ADDRESS 9700 SO. DIXIE HWY., #570 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** Change ☐ Addition TITI F TITLE BABCOCK, MARY A NAME NAME STREET ADDRESS 9700 SO. DIXIE HWY., #570 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** DVP ☐ Addition TITLE TITLE ☐ Change NAME BAILEY, JOHN R NAME 9700 SO. DIXIE HWY., #570 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33156 TITLE TITLE BAILEY, PATRICIA E. NAME NAME STREET ADDRESS STREET ADDRESS 9700 SO. DIXIE HWY., #570 City-ST-7IP CITY-ST-7IP **MIAMI FL 33156** Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 like empowered.

SIGNATURE: DIV W JAM DAVIS W, COLONNO 3 200 305-670-030