2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 407862 Mar 01, 2000 8:00 am **Secretary of State** GTI INDUSTRIES, INC. 03-01-2000 90100 036 ***150.00 Mailing Address Principal Place of Business 3303 NW 112 ST 3303 NW 112 ST MIAMI FL 33167-3312 MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1412355 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 ZUCKERMAN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 3303 NW 112TH STREET **MIAMI FL 33167** Zip Code City FL 8. The above named entity submits this statement for the purpose of chariging 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 Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE ZUCKERMAN, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 2213 N.E. 203 TERR. CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL ☐ Addition Change ☐ Delete TITLE **ZUCKERMAN, RHODA** NAME STREET ADDRESS STREET ADDRESS 12000 N. BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL Change ☐ Addition ☐ Delete TITLE ZUCKERMAN, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 2213 N.E. 203 TERR. CITY-ST-ZIP CITY-ST-ZIP NO MIAMI BCH, FL 00000 Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP