UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000002198

1. G.I. GROUP, LTD.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2140 WEST 68TH STREET, SUITE 300 HIALEAH FL 33016	2140 WEST 68TH STREET, SUITE 300 HIALEAH FL 33016

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 56-0624 Suite, Apt. #, etc.
City & State	City & State: MIAMI FL
Zip / Country	Zip: 33256 / Country

4. FEI Number: 65-0740737 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PADILLA, VICTOR M III 2140 WEST 68TH STREET, SUITE 300 HIALEAH FL 33018	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 reinstating) DATE

9. Capital Contributions as Shown on record. $87,615.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P96000037063 NAME G.I. AFFILIATES, INC. STREET ADDRESS 2140 WEST 68TH STREET, ~~#102-A~~ #305 CITY-ST-ZIP HIALEAH FL ~~33018~~ 33016	STREET ADDRESS 2140 W. 68th St., #305 CITY-ST-ZIP Hialeah, FL 33016
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date 5/1/01 — Daytime Phone # (305) 822-4102