2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F93000003398 Jan 19, 2000 8:00 am 1. Entity Name GFI REALTY SERVICES, INC. **Secretary of State** 01-19-2000 90184 012 ***150.00 Mailing Address Principal Place of Business 50 BROADWAY, SIXTH FLOOR 50 Broadway, Sixth Floor NEW YORK NY 10004-1607 NEW YORK NY 10004 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3697224 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 JOSEPH, JERRY Street Address (P.O. Box Number is Not Acceptable) 100 GOLDEN ISLES DRIVE **SUITE 1204** HALLANDALE FL 33009 Zip Code City 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 DATE 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 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 11. • OFFICERS AND DIRECTORS PS TITLE ☐ Addition TITLE . ☐ Delete GROSS, EDITH NAME NAME STREET ADDRESS 50 BROADWAY, SIXTH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 ☐ Change ☐ Addition ☐ Delete TITLE TITLE EISNER, ABRAHAM NAME NAME STREET ADDRESS STREET ADDRESS 50 BROADWAY, SIXTH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 ☐ Change Addition ☐ Defete TITLE KARLSSON, LEIF NAME NAME STREET ADDRESS STREET ADDRESS 50 BROADWAY, SIXTH FLOOR CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trospect execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trastee empowered changed, or on an attachment with an address, with all

ther like empowered

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: