FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 22, 2002 8:00 am Secrétary of State DOCUMENT # G23573 1. Entity Name 07-22-2002 90157 033 ***550.00 GARY E. GARBIS, P.A. Principal Place of Business Mailing Address GARY F GARRIS **GARY GARBIS** 3399 SW 3RD AVE 3399 SW 3RD AVE MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address 1100 NW 107 TELLACE 1100 NW 10) TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PLANTA TION City & State Applied For 4. FEI Number PLANTATION 59-2262961 F LA -Not Applicable 53399 ountry Country \$8.75 Additional 5. Certificate of Status Desired 342 BROWAND BAGGAAA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARBIS, GARY E. Street Address (P.D. Box Number is Not Acceptable) 3399 SW 3RD AVE **SUITE 1000** MIAMI FL 33145 CityPLANTATION 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE-IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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. PUS Change Delete TITLE Gany E Ganbis GARBIS, GARY E NAME 'NE 107 TENDACE STREET ADDRESS 7300 SW 142ND AVE STREET ADDRESS PLANTATION, FLA 333 CITY-ST-ZIP MIAMI, FL 00000 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE FRECUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

changed, or on an attachment with an address, with all other

SIGNATURE: