2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H81084** 1. Entity Name GFY, INC.

FILED Jan 27, 2000 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Street Address of Current Registered Agent Name and Address of New Registered Agent Name YANEZ, GONZALO F. 7765 SW 87 AVE Street Address (P.O. Box Number is Not Acceptable) Type City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hards or printed name of requestered agent and 186 if applicable NOTE: fragmented Agent algreature mounted when rendating DATE 9. This corporation is eligible to satisfy its Intangible Signature, hards or printed name of requestered agent and 186 if applicable NOTE: fragmented Agent algreature mounted when rendating DATE 9. This corporation is eligible to satisfy its Intangible Signature, hards or printed name of requestered agent and 186 if applicable NOTE: fragmented Agent algreature mounted when rendating DATE 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$55.00 Make Check Payable to Department of State Decide Time DP NAME DP YANEZ, GONZALO F. M.D. Decide Time NAME NAME Change Add NAME Change Add Add NAME Change	•						1		01-27-200	00 900/2 0	44 ***150).00	
STE #120 MAMI FL 33173 State Crowdry Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 88.75 Additional Fee Required 7. Name and Address of New Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) T. Name and Address of New Registered Agent VANEZ, GONZALO F. 7765 SW 87 AVE Street Address (P.O. Box Number is Not Acceptable) To Required agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to sately its Intangible Note: Note: Note: Note: City City FL Zip Code The Mami FL 33173 This corporation is eligible to sately its Intangible After MAY 1, 2000 Fee will be \$55.00 Make Check Payable to Department of State Note:	Principal Place	e of Busines	s	Mailing Address			-						
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Signature Sign	City & State	e		City & State			4. F	FEI Number 59-2589804 Applied For Not Applicable					
YANEZ, GONZALO F. 7765 SW 87 AVE STE #120 MIAMI FL 33173 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, yield or printed name or registered agent and left is a papicable. PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State DP YANEZ, GONZALO F. M.D. TITLE NAME TITLE DP Glette TITLE SIRRET ADDRESS CITY-ST-ZIP TITLE Delete Dele	Zip	Country		Zip Count		try	5. Certificate of Status Desired						
Name Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current R	egistered Agent	1	T	7. N	lame and Ad	dress of Nev	v Registered /	Agent		
T765 SW 87 AVE STE #120 MIAMI FL 33173 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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent algrature required when renatisting) PATE 9. This corporation is eligible to satisfy its Intangible 33-6: Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME				-		Name							
## City ## Cit						Street Ac	ldress (P.O. Bo	ox Number is	Not Accepta	ble)			
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 the if applicable. (NOTE: Registered Agent signature required when reinstating) 19. This corporation is eligible to satisfy its Intangible 35-12x filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TIT			3	,									
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TITLE NAME NAME STREET ADDRESS 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 direct	NAME STREET ADDRESS CITY-ST-ZIP				NAM STRI CITY	ie Eet address '-st-zip				16 att		Addition	

of the corporation or the receiver or trustee empowered to elecute 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 of the compowered.

SIGNATURE:

1-18-00