AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61043

APPROVED AND FILED

01 AUG 29 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

805 G. I., INC.

Principal Place of Business	Mailing Address
c/o ARLENE S. KOLKER 3 GROVE ISLE DRIVE UNIT 805 MIAMI, FLORIDA 33133	c/o ARLENE S. KOLKER 3 GROVE ISLE DRIVE UNIT 805 MIAMI, FLORIDA 33133

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2449603 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT A. STERN
537 N.E. FIRST STREET
SUITE 5
GAINESVILLE, FLORIDA 32601

7. Name and Address of New Registered Agent

Name: ARLENE S. KOLKER
Street Address (P.O. Box Number is Not Acceptable): 3 GROVE ISLE DRIVE
UNIT 805
City: MIAMI FL Zip Code 33133

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 X Arlene S. Kolker DATE Aug. 20, 2001
Signature, typed 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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	P/D
NAME	ROBERT A. STERN ☒ Delete	NAME	ARLENE S. KOLKER ☐ Change ☒ Addition
STREET ADDRESS	357 N.E. FIRST STREET, SUITE 5	STREET ADDRESS	3 GROVE ISLE DRIVE, UNIT 805
CITY-ST-ZIP	GAINESVILLE, FLORIDA 32601	CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000004586350--3 -09/13/01--01006--010 *****61.25 *****61.25
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	MW

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.

SIGNATURE: X Arlene S. Kolker Aug 20 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)