2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # **J90606** 1. Entity Name GDP REALTY GROUP, INC. 05-01-2001 90081 029 ***150.00 Principal Place of Business Mai:ing Address 1221 E ROBINSON ST. 1221 E ROBINSON ST. ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2836438 No: Applicable Country Zip 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 PHILIP FONG Street Address (P.O. Box Number is Not Acceptable) 1221 E ROBINSON ST ORLANDO FL 32801 City Zip Codo 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 or nted name of registered agent and title if applicable. (NOTF: Registered Agent's gnature 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 THILE DP ☐ Delete Change NAME FONG, PHILIP NAME STREET ADDRESS 1221 E ROBINSON ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32801 TIFLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP HITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7:P TITLE ☐ Delete 11108 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - Z:P TITLE ☐ Delete [7] Chance □ Addition NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filing does not outlify for the exemption stated in Section 119.07(3)(:), 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, Plorida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

C:TY-ST-7IP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR