

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90168 050 ***150.00

DOCUMENT # K66803

1. Entity Name
GAJO INVESTMENTS, INC.

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| Principal Place of Business 2925 AVENTURA BLVD STE 308 AVENTURA FL 33180 US | Mailing Address 2925 AVENTURA BLVD STE 308 AVENTURA FL 33180 US |
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| 2. Principal Place of Business 21170 N. E. 22nd Court Suite, Apt. #, etc. | 3. Mailing Address 21170 N. E. 22nd Court Suite, Apt. #, etc. |
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|---|---|
| City & State North Miami Beach, Florida | City & State North Miami Beach, Florida |
| Zip 33180 | Country USA |

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| 4. FEI Number 65-0104257 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N
2925 AVENTURA BLVD STE 308
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Lawrence N. Rosen

Street Address (P.O. Box Number is Not Acceptable)
21170 N. E. 22nd Court

City
North Miami Beach **FL** Zip Code
33180

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  **Lawrence N. Rosen** 1/24/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GILINSKI, JAIME 2925 AVENTURA BLVD., SUITE 308 AVENTURA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROSEN, LAWRENCE N 2925 AVENTURA BLVD STE 308 AVENTURA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Lawrence N. Rosen** 1/24/02 305/932-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)