2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L44034 Apr 23, 2000 8:00 am Secretary of State G & A OF MIAMI, INC. 04-23-2000 90057 019 ***150.00 Principal Place of Business Mailing Address 7130 SW 111 CT 7130 SW 111 CT MIAMI FL 33173-2129 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 04-2726035 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUMANOSKI, ANTHONY W. Street Address (P.O. Box Number is Not Acceptable) 7130 SW 111 CT **MIAMI FL 33173** Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Addition TITLE Delete TITLE DUMANOSKI. ANTHONY W. NAME NAME STREET ADDRESS 7130 SW 111 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL X Addition ☐ Change 12d Delete TITLE TITLE JOSLYN, PAULINE NAME NAME Elsner, Michelle 41 GREENWOOD PL STREET ADDRESS STREET ADDRESS 4306 Buchanan Street CITY-ST-ZIP CITY-ST-ZIP gardner ma Hollywood, FL 33021 □ Addition ☐ Delete TITLE ☐ Change TITLE DUMÁNOSKI, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 287 WATERFORD ST CITY-ST-ZIP CITY-ST-ZIP GARDNER MA Change ☐ Addition ☐ Defete TITLE TITLE DUMANOSKI, GLADYS NAME NAME 7130 SW 111 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

W. DUMANOSKI OUI5/2000