

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53911

1. Entity Name

GS HOLDING COMPANY OF SOUTH FLORIDA

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90036 047 ***150.00

Principal Place of Business 1132 KANE CONCOURSE SECOND FLOOR BAY HARBOR ISL FL 33154 US	Mailing Address 1132 DANE CONCOURSE SECOND FLOOR BAY HARBOR ISL FL 33154 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0183698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUBIN STEVEN D 150 WEST FLAGLER STREET 2200 MUSEUM TOWER MIAMI FL 33130	7. Name and Address of New Registered Agent Name NEAL SKLAR, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON RD. #313 City FT. LAUDERDALE FL Zip Code 33531
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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 *R. Gabal* (NOTE: Registered Agent signature required when reinstating) DATE 4/24/00

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, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAMBACH, ROBERTO 1132 KANE CONCOURSE 2ND FLR BAY HARBOR ISLAND 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	DVT GAMBACH, BEATRIZ 1132 KANE CONCOURSE 2ND FLR BAY HARBOR ISLAND 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	DVS SKLAR, OSCAR 1132 KANE CONCOURSE 2ND FLR BAY HARBOR ISLAND 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	DV SKLAR, ANA 1132 KANE CONCOURSE 2ND FLR BAY HARBOR ISLAND 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
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: *R. Gabal* DATE: 4/24/00 (305) 866-2094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2E034 (9/99)