FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State M54454 DOCUMENT # 1. Entity Name GULF SOUTH FOREST PRODUCTS, INC. 01-16-2002 90017 024 ***150.00 Principal Place of Business Mailing Address 3038 N. FEDERAL HIGHWAY P.O. BOX 39299 BUILDING L FORT LAUDERDALE FL 33339 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0002925 Not Applicable Zio Country 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 et later. YOHANAN, SAM Street Address (P.O. Box Number is Not Acceptable) 3038 NORTH FEDERAL HIGHWAY BUILDING L FORT LAUDERDALE FL 33306 Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE D/C/T ☐ Delete TITLE ▼ Change ☐ Addition YOHANAN, SAM NAME NAME YOHANAN, SAM 3038 N FED HWY BLDG L STREET ADDRESS STREET ADDRESS 3038 N. FEDERAL HWY BLDG L FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33306 TITLE ☐ Delete D/P/S Change ☐ Addition YOHANAN, JOHN NAME NAME YOHANAN, JOHN 3038 N FEDERAL HWY BLDG L STREET ADDRESS STREET ADDRESS 3038 N. FEDERAL HWY BLDG L FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33306 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 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with the indicated on this report or applemental report of the corporation or the receiver of flustee imports. Is filing floes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director erect to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

(9<u>54) 565-8355</u>

01/07/02

R SAM YOHANAN) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ther like empowered.

changed, or on an attach

SIGNATURE: