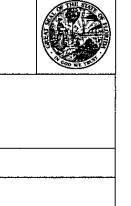
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000001883

1. Entity Name

GENERAL IMMIGRATION SERVICES INC.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90305 005 ****61.25

						GOO WE THE					
Principal Place of Business 3923 LAKE WORTH RD # 215 LAKE WORTH FL 33461			Mailing Address 3923 LAKE WORTH RD # 215 LAKE WORTH FL 33461					1) filey 11(8) 18(4) 80(4) 81(4) 81	<u> </u>		
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			05 0605445			pplied For	
Zip Country Zip					Country					75 Additional Required	
6. Name and Address of Current Registered Agent							7. Name and Addre	ess of New Registered A	•	-	
		.9				Name		•	3 *****		
3923 LA # 215.	IR, DOMINIO KE WORTH	RD	_	and the second	-	Street Address	(P.O. Box Number is No	ot Acceptable)	<u> </u>		
LAKE WORTH FL 33461						City		FL	Zip Cod	ie	
	tions of regist	y submits this statement for ered agent.				d office or registe		ne State of Florida. I am fa	amiliar with,	and accept	
FILE NOW: FEE IS \$61.28 9. Election Can Trust Fund C										State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			12070110	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	ADDITIONAL/OFFARTOE	o 10 OTTOLIO AND BIII	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ST FLEUR 6417 MAR	, STANLEY BLETREE LANE RTH FL 33467		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3923 LAKI	, DOMINIQUE EWORTH RD # 215 RTH FL 33461		☐ Delete		T ADDRESS ST-ZIP	and a second second		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-1	T AODRESS ST-ZIP		•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:			- Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition .	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<u> JRE REQUIRED</u>

SIGNATURE:

561-964 8068