2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State DOCUMENT # N9700000622 1. Entity Name G G CLASSIC, INC. 01-17-2002 90037 017 ****61.25 Principal Place of Business Mailing Address 13011 NW 5TH STREET 13011 NW 5TH STREET PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0724257 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) AMERILAWYER CHARTERED 343 ALMERIA AVENUE Coràc Gables FL 33134 City 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) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Change ☐ Addition ☐ Delete TITLE TITLE GODDARD, DENNIS NAME NAME 13011 NW 5TH STREET STREET ADDRESS STREET ADDRESS PLANTATION FL 33325 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Addition TITLE ☐ Change TITLE ☐ Delete GODDARD, JOANN NAME NAME 13011 NW 5TH STREET STREET ADORESS STREET ADDRESS **PLANTATION FL 33325** CITY-ST-ZIP CITY-ST-ZIP D •• • • • ☐ Change ☐ Addition TITLE Delete TITLE GORSUN, BARRY NAME NAME 13011 NW 5TH STREET STREET ADDRESS STREET ADDRESS PLANTATION FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ■ Addition TITLE □ Delete RAFAELS, UMBERTO NAME NAME 8080 SE PEPPERCORN COURT STREET ADDRESS STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE RAFAELS, DIANE NAME NAME 8080 SE PEPPERCORN COURT STREET ADDRESS STREET ADDRESS **HOBE SOUND FL 33455** CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. 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 execut his 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.

.9.02 954.416.5661

FILED