2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am DOCUMENT # N9800005285 **Secretary of State** 1. Entity Name **GAPI INTERNATIONAL CORPORATION** 03-13-2002 90029 038 ****70.00 Principal Place of Business Mailing Address 7027 WEST BROWARD BLVD 7027 WEST BROWARD BLVD PLANTATION FL 33317 "LANTATION FL 33317 1.1. "我告诉"基本批酬教智法。50°首 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0859689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAMAR, LUIS 4360 NW 3RD PLACE PLANTATION FL 33317 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CR2E037 (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete LAMAR, LUIS NAME NAME 4360 NW 3RD PLACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP GILBERT VAZQUEZ Change 10550 NW 77 COURT 世 214 TITLE Delete TITLE MILLER, NEIL S NAME NAME 4813 NW 9 DRIVE STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 33016 PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MITRA, SINGH B NAME NAME 7027 W BROWARD BLVD STE 214 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP PDVP ☐ Delete ☐ Addition TITLE LAMAR, LUIS NAME NAME 4360 NW 3RD PLACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP

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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

LUIS LAMAR

SIGNATURE:

CITY-ST-ZIP

02-27-2002 (954)791-3905

FILED