2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State DOCUMENT # P00000012008 1. Entity Name 02-27-2002 90007 040 ***150.00 G - P ACCESSORIES, CORP. Principal Place of Business Mailing Address 1335 W. 49TH PL., SUITE 102 1335 W. 49TH PL., SUITE 102 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 2951 W. 80th Street 2951 W. 80 th Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. UNIT 201 UNIT 201 Applied For City & State City & State 4. FEI Number 65-1023774 Not Applicable HIALLEAH HAZJAIH Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33018 33018 6. Name and Address of Current Registered Agent-PINOS, JORGE PINOS, JORGE Street Address (P.O. Box Number is Not Acceptable) 2951 W. ROTH STREET. 1335 W. 49TH PL., SUITE 102 HIALEAH FL 33012 Zip Code **33018** HABLEAH tis this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This consoration is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE GRIJALVA, FERNANDO GRIJALVA, FERNANDO NAME 2951 W. 80 Th Street UNIT 201 1335 W. 49TH PL., SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HILLEAH, FL 33018 HIALEAH FL 33012 CITY-ST-ZIP dTV Change Addition VTD ☐ Delete TITLE TITLE 2951 W. 80th street UNIT 201 PINOS, JORGE NAME PINOS, JORGE NAME STREET ADDRESS STREET ADDRESS. 1335 W. 49TH PL., SUITE 102 CITY-ST-ZIP HIALEAH FL 33012 HIDLEDH, FL 33018 CITY-ST-ZIP _ 🔲 Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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:

FILED