200	1 UNIFORM BUS	INESS REPOI	RT (UBR)	,
DOCUMENT # P00000026916				
HOME Gryle Doli, INC.				FILED
Principal Place	ce of Business West Hallandale	Mailing Address		01 MAR -7 AM 11-27
Hollywood, FL. 33023				SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	te .	City & State		4. FEI Number Applied For Not Applied For Not Applied For
~ Zip	Country	Zip.	Country	58.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Si	SAN SOUNDED		Name Lo	ONTAILA H. GUASTELLA
No. MAMI BEACH.			§ 570	5 West Hallandale Beach Blue
FLORIDA 33179			City Hol	1/4 wood FL Zip Code 33023
8. The above	named entity submits this statement for	nastello	gistered office or regi	istered agent, or both, in the State of Florida. 2/19/2001 quired when reinstating)
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FEE IS \$150.00 Fee will be \$550.0 to Department of	iii I IfUSI EUDO CONTIDUION III Added to Enge
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ȘTREET ADDRESS CITY-ST-ZIP	PROGIDENT GOOKED SUSAN GOOKED 1261 N.E. 2,097 BEACH, 3di.,	Delete ERR. No. MiAMI-	CTOFFT ADDRESS	RESIDENT Change Addition ONTAILA HARRISON GUASTELLA HARRISON GUASTELLA HIT SUNDY AVE. 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 1 000 100 100 100 100 100 100 100 100	500003819425-9 -03/08/0101036021 *****85.00 ******50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ · Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	5000038194元為一口域kion -03/08/0101036022 ****100.00 ****100.00
TITLE NAME STREET ADDRESS	. ` .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition The Section MAR 7 2001

13. 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 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:)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2001 954-985.2690-

CR2E034 (11/00)