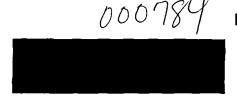
رَتَنَ	1 UNIFORM I	BUSII	NESS REPO	ORT	(UBR	)					140
1. Entity Name P00000027988											W
GSOCIETY, INC.							FULED				
Principal Place of Business 2800 BISCAYNE BLVO. EIGHT FLOOR MIAMI FL 33137			Mailing Address 2800 BISCAYNE BLVD. EIGHT FLOOR MIAMI FL 33137				•	ECKETÁL			
58		Mailing Address BISCAPNE BLYD				المالية ا		م الد			
Suite, Apt. #, etc.			Suite, Apt. #, etc. UNIT 3				10101	400	$\alpha_{I}$		1550W
City & State  MIAMLEL			City & State MIAmi, PL			4.	FEI Number	-0992	269	<del></del>	pplied For ot Applicable
<sup>Zip</sup> <b>33</b>	137 Country		Zip 33/32	Count	ry	5.	Certificate of	Status Desired	ď	\$8.75 Add Fee Require	
ж	6. Name and Address of	Current Re	gistered Agent		Name			dress of New	Registered	d Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Add		30x Nuz	s Not Accepta	B. L.O.	L Zin God	-
8. The above named entity submits this seement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.											
SIGNATURE											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  (See Criteria on back)  (See Criteria on back)						\$750.00		on Campaign f Fund Contribu			O May Be I to Fees
11.	OFFICE	RS AND DI		12.			<del></del>		FICERS AN	D DIRECTORS	
TIFLE. NAME STREET ADDRESS CITY-ST-ZIP			☐ Delele			Paul <b>y</b> 2800 Bi	ent, DIR ates iscayue: .FL 3:	BLUD.		☐ Change	Addition*
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	☐ Delete				T ADDRESS ST-ZIP	\$38°C	HATATIN WCAYNG		,	☐ Change	<b>₽</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Delete	j j	T ADDRESS ST-ZIP	1- - 2			: 1	☐ Change	(F-Volition
TITLE NAME STREET ADDRESS CITY OF THE			☐ Delete		)		,		,	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STHEE						Change	Addition
13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). Florida Statutes. I further certify that the information indicated on this report or supplemental report is try 2nd accurate and that my signature shall have the same legal effect as if made under oath; that I and an officer or director of the comportation or the receiver or trustee emportance to execute this report as required by Chapter 807. 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 empoyable.  SIGNATURE:  SIGNATURE:  SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNAMO OFFICER OF SIGNAMO											

OCT-31-2001 05:32P FROM:

TO:18502241640

P:2/2





5810 Biscayne Blvd, Unit 3, Miami, FL 33137 \* Phone (305) 7626262

Department of State Tallahassee, FL 32301

This letter is to document that our company has not received the rejection letter for our UBR filing that stated the reasons why our filings were rejected. The two filings that were rejected were for GSociety, Inc. and GCommerce, Inc.

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