OCUMENT # p00000059446					MLED \$			
. Entity Name				02 JUL 26 PH 1: 02-				
GSC	CONSULTANT FIRM	, INC.	•					
					SECRETARY OF	E STATE		
Principal Place of Business		Mailing Address	· 1		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
7303 W FLAGLER ST MIAMI, FL 33144		7303 W FLAGLER ST MIAMI, FL 33144				io enca altii taali f	LOLE ONE IEE	
MIRMI								
2. Principal Place of Business		3. Mailing Address			, , , , , , , , , , , , , , , , , , , ,		•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPACE			
Suite, Apr. #, etc.		City & State		4. F6	Number 65-1021030		plied For t Applicable	
·City & State		City & State				\$8.75 Add	litional	
Zip	Country	Zip	Country	II	ertificate of Status Desired	Fee Required	<u>d'</u>	
	6. Name and Address of Cu.	rent Registered Agent	News	7. Na	ame and Address of New Registere	a witesur		
		, <u></u> ,	Name .					
LUIS F	FRIAS		Street Addres	s (P.O. Bo	ox Number is Not Acceptable)			
7303 W	FLAGLER ST FL 33144							
MIAMI,	тп 55144		City		F	L Zip Cod	e	
				-1040d 000	ent, or both, in the State of Florida.			
8. The above	named entity submits this state.	ent for the purpose of changing its	s registered office or regi	stered age	ent, or both, in the State of Florida.		ļ	
					200			
SIGNATURE .	Signature, typed or printed name of régistere	: agent and title d applicable. (NO	TE: Registered Agent signature req	uired when rei	nstating)			
× <u></u>		FILE NOW	III FEE IS \$150.00	数学なる	10. Election Campaign Financing	\$5.0	O May Be	
- 1 - 32 BBDQ I	Edition and around a	After May 1, 20	002 Fee will be \$550.0 ble to Department of		Trust Fund Contribution.			
Sue criter	na on backy		12.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11 Addition	
11.	OFFICER'	AND DIRECTORS Delete	TITLE		•	Change	_	
TITLE	PTD	;	NAME		30000685 -08/01/02-	5423	— —4 1134	
NAME STREET ADDRESS	LUIS F. FRIAS 7303 W FLAGLER	ST	STREET ADDRESS CITY-ST-ZIP		-68701702- ****150.0			
CITY-ST-ZIP	MIAMI, FL 3314	4	TITLE			L. Change	Addition	
TITLE	,	☐ Delete	NAME		300000685	5423	4	
NAME STREET ADDRESS			STREET ADDRESS		-08/01/02- ****150_0	U1U4(<u> </u>	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	···	CITY_ST-ZIP	_ -		Change		
TITLE		Delete	TITLE NAME		•		1	
NAME			STREET ADDRESS					
-STREET ADDRESS			CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE NAME		,			
NAME	٦		STREET ADDRESS			;		
STREET ADDRESS			CITY-ST-ZIP			☐ Change	Addition	
CITY-ST-ZIP		☐ Delete	TITLE					
TITLE			NAME STREET ADDRESS					
STREET ADDRESS	i	• ,	CITY-ST-ZIP				- Addition	
CITY-ST-ZIP	<u> </u>	□ Delete	TITLE	•		☐ Change	C Woningu	
TITLE		الماران في	NAME					
STREET ADDRESS	s		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP			tor the exemption stated	in Section	119.07(3)(i), Florida Statutes. I furthe	er certify that the	e information er or director	
			THE EXCIDING OF SIGNO					

2002 UNIFORM BUSINESS REPORT

13. Thereby 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 supplementally sport 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 positive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, or on an attachment with the positive empowered.

Officer or director of the corporation or the receiver or positive empowered.