FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 30, 2002 8:00 am § Secretary of State DOCUMENT # P00000072038 1. Entity Name 05-30-2002 91594 014 ***150.00 G & C INTERIORS, INC. Principal Place of Business Mailing Address 5227 NORTH DIXIE HIGHWAY 5227 NORTH DIXIE HIGHWAY R0123587 SUITE D-1 SUITE D-1 FORT LAUDERALE FL 33334 FORT LAUDERALE FL 33334 2. Principal Place of Business 3. Mailing Address AVENUE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For fort-LA 65-1044941 tort Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 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 ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition GARCIA, CHRISTINA E NAME GARLIA NAME **5227 NORTH DIXIE HIGHWAY** STREET ADDRESS STREET ADDRESS 5225 N.E. L CITY-ST-ZIP FORT LAUDERALE FL 33334 CITY-ST-ZIP FI-LAUderdale TITLE VTD ☐ Delete TITLE 👿 Change ☐ Addition NAME GARCIA, JOSE M NAME GARLIA JOSE STREET ADDRESS 5227 NORTH DIXIE HIGHWAY STREET ADDRESS N.E. b Avenue らょうく CITY-ST-7IP FORT LAUDERALE FL 33334 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/20/02 9:

954 202 -023

Change

☐ Addition

Daytime Phone (