FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044662

1. Entity Name

GSI INTERNATIONAL GROUP, INC.

427451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8420 SW 133rd AVE RD	SAME
Suite, Apt. #, etc.: Bldg #2 STE 412	Suite, Apt. #, etc.:
City & State: Miami FL	City & State:
Zip: 33183 Country: US	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1102106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JEREMY H. KENT

Street Address (P.O. Box Number is Not Acceptable): 10621 N KENDALL Dr. #120

City: Miami FL Zip Code: 33176

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: Jeremy Kent 3-5-02

Signature of typed 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 Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V.P. / PEDRO L. GONZALEZ / 8420 SW 133 AVE RD Bldg 2 #412 / MIAMI FL 33183
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 3/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034B (12/01)