

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90084 022 ***150.00

DOCUMENT # P02000026219	
1. Entity Name	
GNT Enterprises II Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8155 Vineland Avenue		3. Mailing Address 8155 VINELAND AVENUE SUITE B-2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State ORLANDO FL	
Zip 32821	Country	Zip 32821	Country US

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST.	
4TH FLOOR	
City MIAMI	FL Zip Code 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MIR, MUMTAZ 8155 VINELAND AVENUE SUITE B-2 ORLANDO FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAUZIA MIR 8155 Vineland Ave, Suite B-2 Orlando, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 407-465-1112