2003 FOR PROFIT CORPORATION

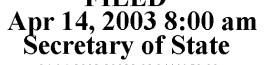
UNIFORM BUSINESS REPORT (UBR P02000033062

DOCUMENT #

GN INVESTMENTS, INC. Principal Place of Business 190 NE 199 STREET STE 103 190 NE 199 STREET STE 103 N MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent, 7. Name and Address of New Registered Agent NAFTALI, YOSI Street Address (P.O. Box Number is Not Acceptable) 190 NE 199 STREET STE 103 N MIAMI BEACH FL 33179 City 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DRESIDENT Addition TITLE ☐ Delete TITLE Change NAFTALI, YOSI VAFTALI, YOSI NAME NAME 190 NE 199 STREET STE 103 STREET ADDRESS STREET ADDRESS 190 NE 199 STREET, \$ 103 N MIAMI BEACH FL 33179 CITY-ST-7IP CITY-ST-ZIP DIANI BEACH FL 32179 TITLE ☐ Delete TITLE Change NAME NAME GAVARA, EREZ 190 NE 199 STREET, #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE - ⊡- Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

04-14-2003 90088 026 ***150.00



☐ Addition

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 Block 11 if

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Defete

Daytime Phone #