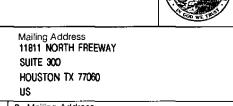
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

P19107 DOCUMENT #

GULF SOUTH CENTER CONDOMINIUM NO. ONE INVESTMEN N.V.



## **FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90510 008 \*\*\*150.00

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Principal Place of Business 11811 NORTH FREEWAY HOUSTON TX 77060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State FEI Number 98-0081394 Not Applicable Zip Country Zip 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE (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 10. 11. ☐ Delete TITLE ☐ Change (iii) Addition RUSCA, FAUSTO NAME NAME VIA G.B. PIODA 14 STREET ADDRESS STREET ADDRESS LUGANO, SWITZERLAND CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition PIERSON TRUST (CURACAO) NAME NAME 6 JOHN B. GORSIRAWEG STREET ADDRESS STREET ADDRESS CURACAO, NA CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TOMBARI, MICHAEL G NAME NAME 11811 NORTH FREEWAY 300 STREET ADDRESS STREET ADDRESS HOUSTON TX CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition HATFIELD, KENNETH L NAME NAME 11811 NORTH FREEWAY 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

TE REMichael C. Tombari SIGNATURE:

820-0747