2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE: _

FILED Jun 30, 2002 8:00 am Secretary of State

05-21-2002 91153 009 ***150.00

727<u>-906-4700</u>

P92000000898 GCI IMPERIAL INVESTMENT CORP. Principal Place of Business Mailing Address 1120 PINELLAS BAYWAY 1120 PINELLAS BAYWAY 95434 TIERRE VERDE FL 33715 TIERRE VERDE FL 33715 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3162942 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 CUETO, CUETO, AGUSTIN 1120 PINELLAS BAYWAY #201 TIERRE VERDE FL 33715 TIERRA VERDE 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. (NOTE: Registered Agent signsture required when rein FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME CUETO, AGUSTIN NAME 1120 PINELLAS BAYWAY #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIERRE VERDE FL 33715 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TOUE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 seceiver 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 changed, or on an attachment with an address, with all other like empowered.

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DOCUMENT # P9200000898 1. Entity Name								17/7/00				
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US				US 2 Mailing Address								-
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. FEI Number 59-3162942 Applied Fo Not Applie			plied For t Applicable	_	
Zip	Zip Country			Zìp	try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
6.	. Neme a	nd Addres	of Current Re	gistered Agent		M		7. Name and Address of New F	Registered Age	ent .		-
~ ~ ~ .	· ·			~~	÷	~Name- →	Cut	TO, OLGA	-	•		
CUETO, AGUSTIN					Street Add	Street Address (P.O. Box Number is Not Acceptable)					1	
1120 PINELLAS BAYWAY #201						1120 PINELLAS BAYWAY					-	
TIERRE VERDE FL 33715						# 201						
	•					City		rra verde	FL	Zip Cod 23	בֿול	
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SIGNATURE Office Project or printed name of registered agent and bits (I applicable. (NOTE: Registered Agent signature required when reinstiting) DATE												
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9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable						will be \$550	0.00	10. Election Campaign Fir Trust Fund Contribution			May Be to Fees	
11.		OFF	ICERS AND DI	RECTORS	12.			ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS	IN 11	1_
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SIGNATURE: Clare Cice (300 118)								4-23-02 Data	727-C	1 06-4	<u>170ව</u>	
		SIGNATIFIE	ND TYPED OR PRIN	TED NAME OF BIGNING OFFICER (A DIRECT	OR		Date	Daytim	e Phone #		

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