

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90152 006 ***150.00

901445



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000020904

1. Entity Name

GFL INVESTMENTS, INC.

Principal Place of Business

Mailing Address

321 NORTH UNIVERSITY DRIVE
 SUITE B11C
 PLANTATION FL 33324
 US

~~200 NORTHWEST 165 STREET~~
~~PLAZA 700~~
~~NORTH MIAMI BEACH FL 33189-0457~~
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0395889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

33324

US

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
 2601 S. BAYSHORE DR.
 19TH FLOOR
 MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GROSSMAN, LEAH
 CITY-ST-ZIP ~~200 NW 165TH ST., PLAZA 700~~
~~N. MIAMI BEACH FL 33169~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 2401 S. ocean Drive, #1003
 CITY-ST-ZIP Hollywood, FL 33019

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leah Grossman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00
 (954) 473-1787
 Date Daytime Phone #

CR2E034 (9/99)