200 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000035599 02 APR 25 PM 2: 26 1. Entity Name GAYLE'S PLAZA INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 293 EGRET LANE 17625-17647 N.W. 27TH AVEUNE FORT LAUDERDALE, FL 33327-11 MIAMI, FLORIDA 33056 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 65-0411118 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 MONICA GAYLE 293 EGRET LANE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33327 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date This corporation is eligible to satisfy its Intan-FILE NOW!!! FEE IS \$150.00 \$5.00 10. Election Campaign Financing gible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. May Be Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PRESIDENT Delete TITLE Change Addition JRZE034 (9/99) MONICA GAYLE NAME 293 EGRET LANE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33327 CITY - ST CITY - ST - ZIP VICE-PRESIDENT TITLE Delete Change Addition TITLE RYAN GAYLE NAME 100005451441--05/06/02-01004-018 293 EGRET LANE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33327 CITY - ST - 718 ***EngreuU ****.50.00 TREASURER TITLE Delete TITLE RONALD GAYLE JR. NAME 293 EGRET LANE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33327 CITY - ST - ZIP CITY - ST - ZIP SECRETARY TITLE Delete TITLE Change Addition DIONNE GAYLE NAME NAME 1743 ROYAL GROVE WAY STREET ADDRESS STREET ADDRESS WESTON, FL 33327 CITY - ST - ZIF TITLE Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY - ST - ZIP Delete

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 1 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.

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT

4/3/2002

954-389-9256

Addition

Change