2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State P94000011696 DOCUMENT # 1. Entity Name 04-17-2002 90137 010 ***150.00 G.F.I. INVESTMENTS, INC. Principal Place of Business Mailing Address 999 WASHINGTON AVE. 999 WASHINGTON AVE. DUDDAGAA MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0470529 Not Applicable Zip Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALBUT, ABRAHAM A Street Address (P.O. Box Number is Not Acceptable) 999 WASHINGTON AVE MIAMI BCH, FL 33139 Zip Code City 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 signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE Change DPS TITLE GALBUT, ALRAHAM A NAME NAME STREET ADDRESS 999 WASHINGTON AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F GALBUT, RUSSELL W NAME NAME STREET ADDRESS STREET ADDRESS 555 N.E. 15 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Change ☐ Addition ☐ Delete TITLE TITLE GALBUT, ROBERT NAME 999 WASHINGTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME GALBUT, DAVID NAME 999 WASHINGTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME MENIN, BRUCE NAME 5225 COLLINS AVE., APT 1620 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33140 CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADA STREET ADDRESS CITY-ST-ZIP City-ST-7IP in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ion suppled with this filing 13. I hereby certify that the infe indicated on this report of the corporation or the port is true ar curate and changed, or on an atta