FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 27, 2002 8:00 am DOCUMENT # P94000016056 **Secretary of State** 1. Entity Name 01-27-2002 90026 036 ***158.75 GICC CAPITAL CORP. Principal Place of Business Mailing Address 3241 NE 59TH ST 3241 NE 59TH ST FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 US US 2. Principal Place of Business 3. Mailing Address 32MD NUENUE 3020 Y.E. 3028 *IV.E.* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0483725 CAUDERDALE LAUDERDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33308 Fee Required 6. Name and Address of Current Registered Agent # 7. Name and Address of New Registered Agent GANGEL, RICHARD _O. Box Number is Not Acceptable)_ 3241 NE 59TH ST 32 ND FORT LAUDERDALE FL 33308 s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named ent SIGNATURE registers agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Addition TITLE ☐ Delete RICHARD NAME GANGEL, RICHARD NAME 3020 N.E 32ND RUE #412 CR2E034 3241 NE 59TH ST STREET ADDRESS STREET ADDRESS LAUDERDALE, FL 33308 FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Addition GANGEL, RONI NAME GANGEL, RONI NAME 3020 N.E. 32 ND QUE # 412 STREET ADDRESS 3241 NE 59TH ST STREET ADDRESS FT. LAUDELDALE, FL 33308 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 ardress, with although the like empowered.