2002 UNIFORM BUSINESS REPORT (UBR) SOUNTENT # PO 4000075040 Jan 14, 2002 8:00 am

DOCUMENT # P94000075340 **Secretary of State** 1. Entity Name 01-14-2002 90057 033 ***150.00 GMM INVESTIGATIONS, INC. Principal Place of Business Mailing Address 1310 SOUTHEAST THIRD AVENUE 1310 SOUTHEAST THIRD AVENUE 80005118 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0824266 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORAITIS, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1310 SOUTHEAST THIRD AVENUE FT. LAUDERDALE FL 33316 Zip Code 38. 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. SIGNÀTURE Signature, typed or printed name of registered 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MORAITIS, GEORGE M NAME NAME **CR2E034** STREET ADDRESS 1310 SOUTHEAST THIRD AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

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.

☐ Delete

TITLE NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

☐ Change

☐ Addition