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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # **P96000077932** 1. Entity Name GENERAL SUPPORT SERVICES CORP. Principal Place of Business Mailing Address 14855 SW 104TH S STREET 14855 SW 104TH S STREET MIAMI FL 33196 MIAMI FL 33196 US US 2. Principal Place of Business 3. Mailing Address 4611 No. KENSALL DR. 14611 No. KENDALL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - 408 4408 City & State City & State 4. FEI Number Applied For 65-0700001 Not Applicable 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 KOCH, NORMAN R Street Address (P.O. Box Number is Not Acceptable) 11720 S.W. 110TH LANE MIAMI FL 33186-3922 City Zip Code FL 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Detete TITLE NAME NAME KOCH, NORMAN R NOLHAN STREET ADDRESS STREET ADDRESS LL DRIVE, 11720 S.W. 110TH LANE 14611 NO. KEI CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186-3922 ☐ Delete TITLE D NAME NAME KOCH, HAYDEE R 146 11 NO. KENDALL DRIVE, # L-408 STREET ADDRESS STREET ADDRESS 11720 S.W. 110TH LANE CITY-ST-ZIP CITY_ST_ZIP MIAMI FL 33186-3922-☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition ☐ Change NAME NAME

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 receive) 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 viith an address, with all other like eppowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP