FILED

~2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P96000101712 1. Entity Name GBF ENGINEERING, INC. 01-22-2001 90092 024 ***158.75 Principal Place of Business Mailing Address 1808 NORTH UNIVERSITY DR. 1808 NORTH UNIVERSITY DR. PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0715034 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DILMAGHANI, GLADYS SOTO Street Address (P.O. Box Number is Not Acceptable) 9248 N.W. 49TH PLACE SUNRISE FL 33351 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. SIGNATURE (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, 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 ☐ Change TITLE ☐ Delete NAME DILMAGHANI-SOTO, GLADYS STREET ADDRESS STREET ADDRESS 9248 N.W. 49TH PLACE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Change ☐ Addition ☐ Delete TITLE TITI F Hosseini, Hamid 18260 N. Bay Rd. #310 NAME NAME HOSSEINI, HAMIO STREET ADDRESS STREET ADDRESS 18260 N. BAY RD #310 N. Miami FC CITY-ST-ZIP CITY-ST-ZIP N. MIAMI FL 33160 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Chance TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Gladys Soto Dilmaghani 1-30