FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012913 1. Entity Name G.F.S. OF MIAMI, INC.					Feb 05, 2001 8:00 am Secretary of State 02-05-2001 90072 043 ***158.75				
Principal Plac	e of Business	Mailing Address							
262 ANDALOSIA AVE CORAL GABLES FL 33134 US		2928 LOUISE ST MIAMI FL 33133 US					1102	บช	
2. Principal Place of Business		3. Mailing Address	<u></u>						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	E IÑ THIS SPA	.CE	•
City & State		City & State		4	FEI Number	65-0725709		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5	. Certificate of S	tatus Desired		.75 Add	
	6. Name and Address of Current F	legistered Agent			Name and Add	iress of New Re	gistered Age	nt	
DIMAGGIO, SERGIO 2928 LOUISE ST. MIAMI FL 33133				ne eet Address (P.C	Box Number is	Not Acceptable)	FL	Zip Code	e
9. This corporate filling in	snamed entity submits this statement for Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	Sylve	Registered Agent !! FEE IS \$1 O1 Fee will b	signature required whe	n reinstating)	the State of Flor	/-25	\$5.0	0 May Be
11.	OFFICERS AND D		12.		 ADDITIONS/CHA	NGES TO OFFIC	CERS AND DI	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DIMAGGIO, SANDRA 2928 LOUISE ST. MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDR		TODITIONS/GIN	water to error] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI MAGGIO, GUISEPPINA 15962 SW 71ST TERR MIAMI FL 33193	☐ Delete	TITLE NAME STREET ADDR	ESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DI MAGGIO, SERGIO 2928 LOUISE ST MIAMI FL 33133	□ Delete	NAME STREET ADOR	ESS	* = **	Andrew Telegraphy		Change	- 🖃 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				Change	Addition
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporor on an attachment with an address with a contract of the	rue and accurate and that me rered to execute this report a	the exemption y signature sh is required by	stated in Sectional have the sam Chapter 607, Fl	n 119.07(3)(i), Fk le legal effect as orida Statutes; an	orida Statutes. I f if made under oa nd that my name	urther certify to th; that I am a appears in Bl	hat the in in officer ock 11 or	formation or director Block 12 if

SIGNATURE:

ASGNATURBAND TYPED OBJERINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRECATION.

1/25/6 / 325-445-)
Pate Daytime Phone #