

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018589

1. Entity Name

GREMALI INC.

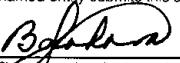
Principal Place of Business	Mailing Address	
466 NW 52 AVE MIAMI FL 33126	466 NW 52 AVE MIAMI FL 33126-5020	

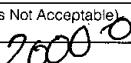
2. Principal Place of Business	3. Mailing Address
10854 SW North Kendall Dr. Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State
Zip 33186	Country US

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES, BARBARA T 466 NW 52 AVE MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable)

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 

REINSTATEMENT 

07/02/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PD NAME VALDES, BARBARA T STREET ADDRESS 466 NW 52 AVE CITY-ST-ZIP MIAMI FL 33126	<input type="checkbox"/> Delete
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TITLE VD NAME JIMENEZ, LIZBETH STREET ADDRESS 466 NW 52 AVE CITY-ST-ZIP MIAMI FL 33126	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/01 (305) 271-5994

0189409

FILED
01 SEP 25 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CRRE034 (9/99)



4. FEI Number 65-0746196 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

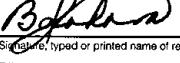
Name
Street Address (P.O. Box Number is Not Acceptable)

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

FL Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE 07/02/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VALDES, BARBARA T
STREET ADDRESS 10854 SW North Kendall Dr. BLDG. 3
CITY-ST-ZIP MIAMI, FL 33186-215

Change Addition

TITLE VD
NAME JIMENEZ, LIZBETH
STREET ADDRESS 10854 SW North Kendall Dr. BLDG. 3 APT 215
CITY-ST-ZIP MIAMI, FL 33186-215

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000004617031-1
-10/01/01--01014-021
****900.00 ****900.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition