

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018712

1. Entity Name

GSII CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 540102

P.O. BOX 540102

LAKE WORTH FL 33454-0102

LAKE WORTH FL 33454-0102

FILED

Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90070 012 ***158.75

602840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

4045 BAHIA ISLE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

Wellington FL

City & State

4. FEI Number 65-0731707

Applied For

Not Applicable

Zip 33467

Country USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATE CREATIONS ENTERPRISES, INC.~~

~~4521 PGA BLVD. #211~~

~~PALM BEACH GARDENS FL 33418~~

Name DON A. PARADISO

Street Address (P.O. Box Number, Not Acceptable) 207A S. MILITARY TRAIL

Suite 9

City West Palm Beach FL 33415

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 Don A. Paradiso, Pres. Don A. PARADISO 010301

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

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, 2001 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME PARADISO, DON A
STREET ADDRESS P.O. BOX 540102 N/A
CITY-ST-ZIP LAKE WORTH FL 33454-0102 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 4045 BAHIA ISLE CIRCLE
STREET ADDRESS WELLINGTON, FL 33467
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE: Don A. Paradiso, Pres. Don A. PARADISO, PRES. 010301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0612167