

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90024 011 ***158.75

DOCUMENT # P97000018712

1. Entity Name

GSII CORPORATION

Principal Place of Business

~~4045 BAHIA ISLE CIRCLE~~
~~LAKE WORTH FL 33467~~

Mailing Address

~~4045 BAHIA ISLE CIRCLE~~
~~LAKE WORTH FL 33467~~

2. Principal Place of Business

111 N. POMPANO BEACH BLVD.
1707

3. Mailing Address

Suite, Apt. #, etc.

POMPANO BEACH
FL 33062

FL 33062



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0731707

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARADISO, DON A

~~2072 S MILITARY TRAIL~~

~~SUITE 9~~

~~WEST PALM BEACH FL 33411~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if Not Applicable)

111 N. POMPANO BEACH BL.

#1707

POMPANO BEACH

FL

33062

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

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, 2002 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

TITLE **PSTD** ☐ Delete
 NAME **PARADISO, DON A**
 STREET ADDRESS ~~4045 BAHIA ISLE CIRCLE~~
 CITY-ST-ZIP ~~WELLINGTON FL 33467~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **111 N. POMPANO BEACH BL.**
 STREET ADDRESS **#1707**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-14-02 954-782
5006

CR2E034 (9/01)