## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 04, 2001 8:00 am DOCUMENT # P97000100699 Secretary of State 1. Entity Name 06-04-2001 90018 027 \*\*\*150.00 GAWEMI INC. Principal Place of Business Mailing Address 5100 NW 33 AVE STE 250 5100 NW 33 AVE STE 250 FT LAUDERDALE FL 33309 00057474 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 39215W 47 AVENUE 3921 SW 47 AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1011 1011 Applied For City & State City & State 4. FEI Number 65-0796974 FLORIBA DAVIE FLORIDA DAVIE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33314 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD HOTNER LIBOIW, ALLEN H Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO RD STE 4199 **BOCA RATON FL 33431** 3921 SW 47 AVENUE, SYITE 1011 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 (NOT Registered Agent signature required when reinstating) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2( )1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HORNER, RICHARD L STREET ADDRESS STREET ADDRESS 5100 N.W. 33 AVENUE, SUITE 250 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 Addition Change **PSD** ☐ Delete TITLE HORNER, RICHARD NAME STREET ADDRESS 5100 NW 33 AVE STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33304 ☐ Addition Change Delete TITLE HORNER, RICHARD NAME STREET ADDRESS STREET ADDRESS 5100 NW 33 AVE STE 250 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33309 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify to 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 it y 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 is 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

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SIGNATURE: SIGNATURE AND TYPED OR PERMITED NAME OF SIGNING OFFICER IR DIRECTOR SIGNATURE AND TYPED OR PERMITED NAME OF SIGNING OFFICER IR DIRECTOR SIGNATURE AND TYPED OR PERMITED NAME OF SIGNING OFFICER IR DIRECTOR