2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P97000102143 G-MACH INTERNATIONAL, INC. 02-05-2001 90106 022 ***150.00 Principal Place of Business Mailing Address 1750 N. FLORIDA MANGO ROAD 1750 N. FLORIDA MANGO ROAD SUITE 105 SUITE 105 710729 W. PALM BEACH FL 33409 W. PALM BEACH FL 33409 2. Principal Place of Business Mailing Address AVENUE AVENUE NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0800393 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ΰSΑ Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zio 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) 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, 2001 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 Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. SPD Change TITLE □ Delete TITLE GREEN, STEPHEN R 5801 NW 122 DRIVE GREEN, STEPHEN R NAME STREET ADDRESS 125 CARIBE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 CORAL SPRINGS TITLE ☐ Delete TITLE Change Change ☐ Addition GREEN, BARBARA A NAME NAME NW 122 DRIVE STREET ADDRESS 125 CARIBE COURT STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY-ST-ZIP CORAL SPRING Change TITLE TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 experience of the corporation or the experience of the corporation or the experience of the corporation of the experience of the corporation of the experience of the corporation of the corp SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO