2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **P97000102669** 1. Entity Name GRUZIN, INC. 03-02-2000 90189 048 \*\*\*150.00 Principal Place of Business Mailing Address 19390 COLLINS AVENUE 19390 COLLINS AVENUE APT. 402 APT 402 MIAMI BEACH FL 33160 MIAMI BEACH FL 33160-2278 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0830601 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/99) D **C**hange ☐ Addition THIE ☐ Delete HUE Telly, sergy 19340 Colling Avenue, #402 TELLY, SERGY NAME NAME STREET ADDRESS 19390 COLLINS AVENUE, APT 402 STREET ADDRESS Miami Beach, FL 33160 CITY-ST-ZIP CHY-SI-7/P MIAMI BEACH FL 33160 ☐ Delete TITLE Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ■ Addition ☐ Delete THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y - S1 - ZIP ☐ Change ■ Addition ☐ Delete 1025E HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.