2000 UNIFORM BUSINESS REPORT (UBR)

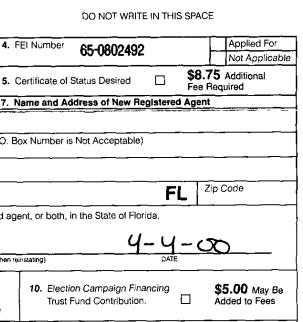
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CGI FT. LAUDERDALE, INC.

Principal Place of Business Mailing Address PO BOX 25857 3032 E. COMM BLVD TAMARAC FL 33320-5857 FT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0802492 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City entity submita this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above n SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State NITIONIC/OHANGES TO OFFICEDS AND DIRECTORS IN 11

FILED May 30, 2000 8:00 am Secretary of State

05-30-2000 90008 006 ***150.00



31.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICE ITS AND DIFFECT ONS IN THE		
TITLE	VS	☐ Delete	TITLE	☐ Change	Addition
NAME	GULINO, DEBRA ANN		NAME		ļ
STREET ADDRESS	1360 SE 3RD COURT #1		STREET ADDRESS		Į
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	PT	Delete	TITLE	☐ Change	Addition
NAME	MARTUCCI, STACY ANN		NAME	_	
STREET ADDRESS	6021 NW 61 AVENUE #105		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		Ì
CITY-ST-ZIP	·		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	Addition (
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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			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 attacking with an add ass, with all pither like empowered.

SIGNATURE: