## 2001: UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000017284 1. Entity Name GSA INVESTMENTS CORP 05-14-2001 90030 029 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 521406 11042 SW 129 PLACE MIAMI FL 33186 MIAMI FL 33152-1406 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0814648 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JORGE C Street Address (P.O. Box Number is Not Acceptable) 11042 SW 129 PLACE **MIAMI FL 33186** Zip Code City et for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE! 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE MEHTA, SAILESH NAME STREET ADDRESS 10480 NE 5TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** ☐ Addition Change TITLE Delete TITLE NAME RODRIGUEZ, JORGE C NAME STREET ADDRESS 11042 SW 129 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition TITLE Delete TITLE GARCIA, ALVARO NAME NAME STREET ADDRESS 1433 PRESIDIO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F

13. I hereby certify that the information supplied with this filling 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. changed, or on an attachment with

NAME

STREET ADDRESS CITY-ST-ZIP

Kodrique 7

SIGNATURE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIR