4/23 FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P98000032074 1. Entity Name 04-23-2001 90051 046 ***150.00 THE GRL ORGANIZATION, INC. Principal Place of Business Mailing Address 621 NW 53RD STREET 621 NW 53RD STREET **STE 240** STE 240 ميهره مقالي وأفررن **BOCA RATION FL 33487** BOCA RATON FL 33487 2. Principal Place of Business Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0844536 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, FRED Street Address P.O. Roy Number is Not Aggg 1903 S CONGRESS AVE. STE 310 **BOYNTON BEACH FL 33426** City 8. The above named entity submits this statement for the purpose of changing its re-ilstered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Ri-distered Agent argneture required when reinstating Signature, typed or printed name of registered 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE CUTUQNO, VITO NAME 3221 S. OCEAN BLUD - APT. 909 CUTUGNO, VITO NAME STREET ADDRESS STREET ADDRESS 1903 S CONGRESS AVE, STE 310 CITY-ST-71P Highland Beach FL CDY-ST-ZIP **BOYNTON BEACH FL 33426** Change Addition ☐ Delete TITLE TITLE Curugno, Bosc CUTUGNO, ROSE NAME NAME APT. 909 BLVD 3121 S. OCEAN STREET ADDRESS STREET ADDRESS 1903 S CONGRESS AVE, STE 310 HighLand Beach CITY-ST-7P CITY-ST-76 **BOYNTON BEACH FL 33426** ☐ Change Addition Delete TITLE ππε HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delate NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 1 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

CORRECTED'

Daylime Phone #

like empowéred.

changed, or on an attachment with

SIGNATURE: