200	UNIFORM BUSI	NESS REPU	וחי	(UDN)	_						5
1. Entity Nam	_	46669									
Gric association Group CorpN/c 1/22/01					FILED. 01 JAN 25 PM 3: 22						
Principal Place of Business		Mailing Address									
7695 S.W. 104TH. STE. 210 Miami Fl. 33156		7695 S.W. 104TH, STE. 210 MIAMI FL 33156			SEUN TALL	ETARYOF! AHASSEE, F	LORIDA				
									0211 0 3 1110 0 2	((. (. (1.)	
2. Principal Place of Business		3. Mailing Address		-							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SP	'ACE			
City & State		City & State		4. FEI	l Number	65-1001562	?		oplied For	_	
Zip	Country	Zip Coun		try	5. Certificate of Statu				8.75 Add	ditional	-
	6. Name and Address of Current I	Registered Agent			7. Na:	me and A	ddress of New R		ee Require j ent		
1 (17)	MAN, ERIC			Name							
7695	S S.W. 104TH, STE. 210			Street Address	Street Address (P.O. Box Number is Not Acceptable)						
MIAN	AI FL 33156										
			City				FL	Zip Cod	e 	_	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	ered agen	t, or both,	in the State of Flo	rida.			
SIGNATURE .											
A TI:	Signature, typed or printed name of registered agent a			d Agent signature require	d when reins	tating)		DATÉ			4
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$550.00			on Campaign Fin Fund Contribution			May Be	
11.	OFFICERS AND I		12.	· ·	ADD1	TIONS/CH	ANGES TO OFFI				1
TITLE NAME	LITTMAN, ERIC P	☐ Delete	TITLE			80	00035	_	Change	Addition	10/0
STREET ADDRESS CITY-ST-ZIP	7695 S.W. 104TH, STE. 210 MIAMI FL 33156			ET ADDRESS -ST-ZIP			-01/26/	01010	10301	04	E034 (10/00)
TITLE	MIAMI FL 33130	☐ Delete	TITLE				<u> </u>	<u>* 00.0</u> 1	● * * * * * * * * * * * * * * * * * * *	U_UD ☐ Addition	⊣ ∾
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TITLE		☐ Delete	TITLE	1					Change	☐ Addition	7
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CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE	I					Change	Addition	7
NAME STREET ADDRESS			NAMI STRE	E Et address							
CITY-ST-ZIP				-ST-ZIP							
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NAME STREET ADDRESS			NAMI	E Et address							
CITY-ST-ZIP				-ST-ZIP							
TITLE		Delete	TITLE					Γ	Change	Addition	<u>-</u>
NAME			NAMI	i					91	>	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							}
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address w	true and accurate and that me wered to execute this report	ny signat	ture shall have the	same leg	al effect a	s if made under c	eath; that I am	an officer	or director	
SIGNAT		ERIO F		HUAN		//2	Date	30.	J S S	1337	
	GIGHATORE ARD TIFED ON P	D WARE OF GIGHING OFFICER	DINEUI					Dayt	ING FROM W		1