2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000046716 1. Entity Name 00 AUG 21 AM 8: 46 GMNE LAKE WALES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2010 BAY TO BAY BLVD., SUITE 202 STO BAY TO BAY BLVD .. SUITE 203 TAMPA FL 33629-8113 TAMPA FL 33529 8113 3. Mailing Address 2. Principal Place of Business 2628 5th Ave. No<u>rth</u> 2628 5th Ave. North Suite, Apt. #, etc. Suite, Apt. #, etc. 05/01/2000-90462-027 15158.75 Applied For 4. FEI Number City & State Petersburg, St. Petersburg, FL st. Not Applicable 59-3572733 \$8.75 Additional Zic Country Country Zip 5. Certificate of Status Desired Fee Required 3371-3-33713 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASHINGTON, LYNN C Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE. MIAMI FL 33131 Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be This corporation is eligible to satisfy its Intangible Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. \_Trust Fund Contribution. Added to Fees. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (66/6) ☐ Delete TITLE NAME SIBLEY, RUSSEL A JR 2628 5th Ave. North STREET ADDRESS <del>2910 BAY TO BAY BLVD #20</del>9 STREET ADDRES 33713 St. Petersburg, FL CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33629 8113 ☐ Chance **X**YAddillon ☐ Delete TITLE TITLE Aqustin Dominguez NAME NAME 2628 5th Ave. North STREET ADDRESS STREET ADDRESS St. Petersburg, FL CITY-ST-ZIP CITY-ST-ZIF Change Addition <u>v-D</u> TITLE Delete Claire Raley NAME NAME 2628 5th Ave. North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33713 ST. Petersburg, FL CITY-ST-ZIP ☐ Change Odition STD TITLE Delete TITLE Salvatore Martorano NAME NAME 2628 5th Ave. North STREET ADDRESS STREET ADDRESS C517 - S1 - 7/P Petersburg, FL 33713 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE  $\pi\pi F$ NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted improved 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.

SIGNATURE:

Sibley, Jr., President April 17,