

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000069531**

1. Entity Name

G.F.I. FINANCIAL SERVICES, INC.**FILED****Mar 13, 2000 8:00 am**
Secretary of State

03-13-2000 90045 017 ***150.00

Principal Place of Business

**999 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0857095

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASSERMAN, MARTIN W.
999 WASHINGTON AVE
MIAMI BEACH FL 33139**

Name

ABRAHAM A. GALBUT

Street Address (P.O. Box Number is Not Acceptable)

999 WASHINGTON AVENUE

City

MIAMI BEACH**FL**Zip **33139**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	GALBUT, ABRAHAM A	999 WASHINGTON AVENUE MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	PSD	ABRAHAM A. GALBUT	999 WASHINGTON AVENUE MIAMI BEACH, FL 33139
<input type="checkbox"/> Delete	D	GALBUT, NANCY K	999 WASHINGTON AVENUE MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	DVP	NANCY K. GALBUT	999 WASHINGTON AVENUE MIAMI BEACH, FL 33139
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00 (305) 672-3100