2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000072909** May 18, 2000 8:00 am Secretary of State GERAL STREET INTERNATIONAL, INC. 05-18-2000 90389 010 ***150.00 Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE 3000 UNIVERSITY OR SHITE 711 CORAL SPRINGS FL 33065 CORAL GABLES FL 33134-5108 Principal Place of Business 3. Mailing Address 1600 W. Sample Roac DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 505 101 4. FEI Number Applied For 65-0854003 Not Applicable \$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 erndro BORTNICK, BERNARD Box Number is Not Acceptable) 3000 UNIVERISTY DR STE E **CORAL SPRINGS FL 33065** or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or Agent signature required when reinstating 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Pres Addition PD TITLE ☐ Delete TITLE Catoni, Gustavos Suite vor 9600 W. Sample Road Suite vor CATONI, GUSTAVO A NAME NAME STREET ADDRESS STREET ADDRESS 3000 UNIIVERSITY DR STE E CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Addition TITLE Delete TITLE BORTNICK, BERNARD NAME NAME STREET ADDRESS 3000 UNIIVERSITY DR STE E STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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

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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Signature | S