## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000012212

G.A.I. INTERNATIONAL SERVICES, INC.

JOHNSON, GAIL

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

17505 SW 31 COURT MIRAMAR FL 33029

9. This corporation is eligible to satisfy its Intangible

JOHNSON, E. ALVIN

MIRAMAR FL 33029

17505 SW 31 COURT

MIRAMAR FL 33029

JOHNSON, GAIL

17505 SW 31 COURT

Tax filing requirement and elects to do so.

(See criteria on back)

Principal Place of Business	Mailing Address		
17505 SW 31 COURT MIRAMAR FL 33029	17505 SW 31 COURT MIRAMAR FL 33029-5587		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zin Country	Zin	Country	

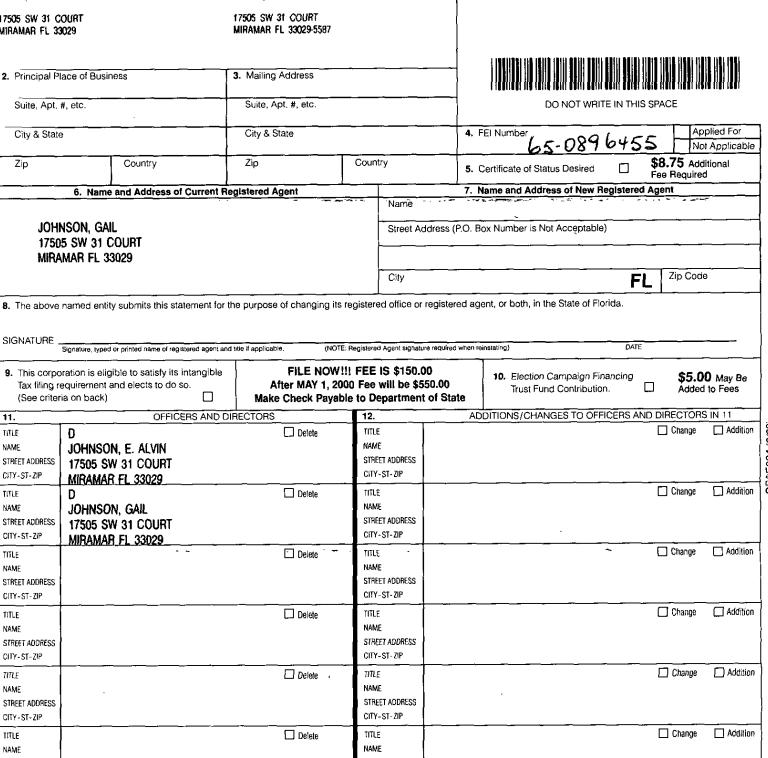
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

## **FILED** May 09, 2000 8:00 am Secretary of State

05-09-2000 90019 047 \*\*\*150.00



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 by Justen 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 appears, with all other like empowered.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

☐ Defete

Delete

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12.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

SIGNATURE: