2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # **P99000013531** GECSERVICES, INC. 02-27-2001 90304 047 ***150.00 Principal Place of Business Mailing Address 1010 PLACETAS AVENUE 1010 PLACETAS AVENUE CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 7056 N.W. 77 CT. 3. Mailing Address 7056 N.W. 77 CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State MiAMi Applied For 4. FEI Number 65-0904641 MiAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33166 7,000-DOCK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLON, GABRIEL E Street Address (P.O. Box Number is Not Acceptable) 1010 PLACETAS AVENUE CORAL GABLES FL 33146 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. SABRIEL E. COLON [at/re, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PIA /C TITLE ☐ Delete TITLE COLON, GABRIEL E NAME NAME STREET ADDRESS 1010 PLACETAS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete TITLE Change Addition TITLE COLON, LILLIAN B. IDID PLACETAL AVE. LORAL GARLES, FL 23. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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