2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am P99000038206 **DOCUMENT # Secretary of State** 1. Entity Name 02-17-2002 90057 035 ***150.00 GSC INDUSTRIES, INC. Principal Place of Business Mailing Address 12700 BISCAYNE BLVD., STE. 206 12700 BISCAYNE BLVD., STE. 206 MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0689097 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSSMAN, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 12700 BISCAYNE BLVD., STE. 206 MIAMI FL 33181 Zip Code City FL 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 2E034 (9/01) TITLE ☐ Delete TITLE GROSSMAN, ROBERT D NAME NAME 12700 BISCAYNE BLVD., STE. 206 STREET ADDRESS STREET ADDRESS **MIAMI FL 33181** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE CORNWALL, ROBERT M NAME NAME STREET ADDRESS 12700 BISCAYNE BLVD., STE. 206 STREET ADDRESS MIAMI FL 33181 CITY-ST-ZIF CITY-ST-7/P **VD** TITLE ☐ Change ☐ Addition TITLE ☐ Delete SCHIDEL THOMAS R NAME NAME STREET ADDRESS 12700 BISCAYNE BLVD STE 206 STREET ADDRESS N MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete,. TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED