2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # P99000052280** Apr 27, 2000 8:00 am 1. Entity Name GABY DESIGNS, INC. **Secretary of State** 04-27-2000 90128 038 ***150.00 Mailing Address Principal Place of Business 105 LAKE EMERALD DRIVE #313 SAME FORT LAUDERDALE, FL 721072 3. Mailing Address 2. Principal Place of Business 4722 NE <u>17th AVENUE</u> SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FORT LAUDERDALE, FL Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 33334 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDRE L. CALIXTO ANDRE L. CALIXTO Street Address (P.O. Box Number is Not Acceptable) 105 LAKE EMERALD DRIVE #313 4722 NE 17th AVENUE FORT LAUDERDALE, FL FÖRT LAUDERDALE, 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 DATE Signature, typed or printed name of registered agent and title if applicable 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. **XX**Change ☐ Addition P/VP/S/T/D TITLE □ Delete TITLE DP ANDRE L. CALIXTO NAME NAME ANDRE L CALIXTO 105 EMERALD DRIVE #313 STREET ADDRESS 4722 NE 17th AVENUE STREET ADDRESS FORT LAUDERDALE, FL CITY-ST-ZIP FORT LAUDERDALE, FL 333099 CITY-ST-ZiP 33334 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition -TITLE -Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

> 03/30/00 (954) 492-9955 Cate Osytime Phone #