

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000071796**

1. Entity Name

GS U.S.A. CORP.

Principal Place of Business

4001 SOUTH OCEAN DRIVE UNIT 6F

HOLLYWOOD  
33019

FL

Mailing Address

4001 SOUTH OCEAN DRIVE UNIT 6F

HOLLYWOOD  
33019

FL

2. Principal Place of Business

1940 HARRISON ST

Suite, Apt. #, etc.  
204CCity & State  
HOLLYWOOD

FL

Zip  
33020

Country

3. Mailing Address

1940 HARRISON ST

Suite, Apt. #, etc.  
204CCity & State  
HOLLYWOOD

FL

Zip  
33020

Country

4. FEI Number

65-0940753

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL GABLES  
33134

US

FL

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

04/19/2000

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
ELYAKIM DANIEL  
4001 SOUTH OCEAN DRIVE UNIT 6F  
HOLLYWOOD FL 33019 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
COHEN DANIEL  
4001 SOUTH OCEAN DRIVE UNIT 6F  
HOLLYWOOD FL 33019 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ARAMA ALBERT  
4001 SOUTH OCEAN DRIVE UNIT 6F  
HOLLYWOOD FL 33019 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
ELYAKIM DANIEL  
4001 SOUTH OCEAN DRIVE UNIT 6-F  
HOLLYWOOD FL 33019 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
COHEN DANIEL  
3801 SOUTH OCEAN DRIVE UNIT 16-V  
HOLLYWOOD FL 33019 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ARAMA ALBERT  
5728 N. PARK RD.  
FT LAUDERDALE FL 33312 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

SIGNATURE: DANIEL ELYAKIM

STD 04/19/2000