FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91870 018 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081360

1. Entity Name
OFFICE GAP, INC.

Principal Place of Business	Mailing Address
300 NW 70TH AVE #301 FORT LAUDERDALE, FL 33317	300 NW 70TH AVE #301 FORT LAUDERDALE, FL 33317

2. Principal Place of Business	3. Mailing Address
300 NW 70th Ave	300 NW 70th Ave
Suite, Apt. #, etc. #301	Suite, Apt. #, etc. #301
City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33317 Country US	Zip 33317 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0949978 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BORRELLO, MARIELA
300 NW 70TH AVE
#301
FORT LAUDERDALE, FL 33317

7. Name and Address of New Registered Agent
Name Mariela Borrello
Street Address (P.O. Box Number is Not Acceptable) 300 NW 70th Ave #301
City Fort Lauderdale FL Zip Code 33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BORRELLO, MARIELA		NAME	
STREET ADDRESS	300 NW 70TH AVE #301		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #