2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900088060 | | | | | | | FILED Apr 08, 2002 8:00 am Secretary of State | | | | |
|--|---|---|---|---|---|---|--|--|---|---|----------------|
| 1. Entity Nan G & A BF | INC. | | | 04-08-2002 90073 019 ***150.00 | | | | | | | |
| 509 HIBISCUS AVENUE #7 509 HIBIS | | | | ng Address HIBISCUS AVENUE #7 PANO BEACH FL 33062 | | | | SH1 BH101 H11 | | 1413 41 31 1 24 1 | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Ap | | | | e, Apt. #, etc. | | | DO NOT WRITE | IN THIS SPA | ACE | | |
| City & State City & State | | | | | | 4. | FEI Number 65-0955131 | | | pplied For |] |
| Žip | Zip Country | | Zip | Zip Cour | | 5. Certificate of Status Desired Sea Required | | | | | |
| | 6. Name | and Address of Curr | ent Registered Agent | L | Τ. | 7. 1 | Name and Address of New Reg | | | <u> </u> | - |
| | | | <u> </u> | | Name | | • | <u> </u> | | | 1 |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| CORAL GABLES FL 33134 | | | | | | | | | | | İ |
| | | | | | City | | | FL | Zip Cod | e | 1 |
| 8. The above | named entity | v submits this statemer | nt for the purpose of chang | aina its reaistere | ! ed office or regis | tered an | gent, or both, in the State of Florid | | | | 1 |
| | , | , 000 | it for the perpose of criains | garig its regioner | od omoo or rogio | .c.ca ag | | u. | | | |
| SONATURE | Signature, typed | or printed name of registered a | gent and title if applicable. | (NOTE: Registere | d Agent signature requ | ired when re | einstating) | DATE | | | } |
| 9. This corpo | oration is eliq | ible to satisfy its Intang | ible FILE | NOW!!! FEE | | | | | | | - |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200: Make Check Payable | | | | | will be \$550.00 | | 10. Election Campaign Financing \$5.00 May Be Added to Fees | | | | |
| 11. | na on baok) | | ND DIRECTORS | 12. | spartinent of 5 | | DDITIONS/CHANGES TO OFFICE | DS VND D | IDECTOR | 2 IN 11 | |
| TITLE | PSD | | Delet | ——— | : | AU | DEFICIONO/CHANGES TO OFFICE | | Change | Addition | 盲 |
| NAME | CORSINI, | | | NAM | | | | _ | | | CR2E034 (9/01) |
| STREET ADDRESS CITY-ST-ZIP | I | CUS AVENUE #7 BEACH FL 33062 | | ll ll | ET ADDRESS - ST-ZIP | | | | | | 8 |
| TITLE | VTD | , <u>DD 10.11 12 33332</u> | Delet | ——∤— | | | | |] Change | ☐ Addition | 12K |
| NAME | MENOUTIS | S, KONSTANTIN | | NAMI | | | | _ | _ onlange | | |
| STREET ADDRESS CITY-ST-ZIP | | CUS AVENUE #7) BEACH FL 33062 | | - 11 | ET ADDRESS | | | | | | |
| TITLE | POMPANO | - DEAUTI FL 33002 | ☐ Delet | | -ST-ZIP | | | | Change | ☐ Addition | ĺ |
| NAME | , | | □ Dete(| NAMI | | | | L | _ Unlarige | L Addition | |
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| CITY-ST-ZIP | | | , | CITY- | -ST-ZIP | | | | | | |
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| NAME STREET ADDRESS | | | | NAME STREE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | | |
| indicated of the cor | on this repor poration or th | t or supplemental repo le receiver or trustee er | with this filing does not quart is true and accurate and provered to execute this s, with all other like empo | d that my signat report as requir | mption stated in ture shall have the red by Chapter 6 | Section e same i 07, Flori | 119.07(3)(i), Florida Statutes. I ful legal effect as if made under oath da Statutes; and that my name a | rther certify n; that I am opears in B | that the in an officer lock 11 or | formation or director Block 12 if | |

Mar. 28/02 954-646-5922

Date Daytime Phone #