2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000093996** Aug 04, 2000 8:00 am Secretary of State 1. Entity Name GK CO-AUTHORS, INC. 08-04-2000 90004 035 ***550.00 Principal Place of Business Mailing Address 2588 W. 84TH ST. 2588 W. 84TH ST. HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 1554 CORONADO 3. Mailing Address ROAD 1559 CORONADO ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 095 9211 City & State City & State Applied For FLORIDA ZORIDA WESTON WESTON Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, GERDA K Street Address (P.O. Box Number is Not Acceptable) 2588 W. 84TH ST. HIALEAH FL 33016 Zip Code 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (5/00) Addition Delete TITLE TITLE Panelo, Justo A HARRIS, GERDA K NAME NAME 1554 CORONADO ROAD STREET ADDRESS 1554 CORONADO RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, EL 3332 WESTON FL 33327 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE - 🖸 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

7/31/00 (954) 385-857