

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 015 ***150.00

DOCUMENT # P99000098096

1. Entity Name
GPF INTERNATIONAL, INC.

Principal Place of Business

2609 N.E. 26TH STREET
 FORT LAUDERDALE FL 33305

Mailing Address

2609 N.E. 26TH STREET
 FORT LAUDERDALE FL 33305-1608

2. Principal Place of Business

2609 NE 26TH ST
 Suite, Apt. #, etc.
P.H.

3. Mailing Address

2609 NE 26TH ST
 Suite, Apt. #, etc.
P.H.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0919812

Applied For

Not Applicable

Zip

33305

Country

Broward

Zip

33305

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIANA, FRANCESCA
2609 N.E. 26TH STREET
FORT LAUDERDALE FL 33305

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

[Handwritten Signature]

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	PIANA, FRANCESCA
STREET ADDRESS	2609 N.E. 26TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33305
TITLE	D <input type="checkbox"/> Delete
NAME	BRUZZESI, PATRIZIA
STREET ADDRESS	2609 N.E. 26TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33305
TITLE	D <input type="checkbox"/> Delete
NAME	PIANA, GIANNI
STREET ADDRESS	2609 N.E. 26TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33305
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000
 Date

954-566-7349
 Daytime Phone #

CR2E034 (9/99)