

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90029 016 \*\*\*150.00

DOCUMENT # P99000101321  
 1. Entity Name  
Gimani Inc. R

Principal Place of Business  
8881 SW, 87 ST  
Miami, FL 33173

Mailing Address  
8881 SW, 87 ST  
Miami, FL 33173

2. Principal Place of Business  
Miami  
 Suite, Apt. #, etc.

3. Mailing Address  
8881 SW, 87 ST  
 Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33173

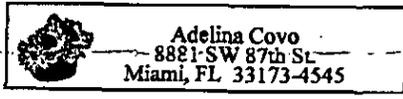
Country  
USA

4. FEI Number  
65-0962803

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  
Adelina Covo  
8881 SW, 87 ST  
Miami, FL 33173

7. Name and Address of New Registered Agent  
 Name Adelina Covo  
 Street Address (P.O. Box Number is Not Acceptable)  
8881 SW, 87 ST  
 City Miami, FL Zip Code 33173

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 Adelina Covo DATE 07/28/2000

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 15 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Covo Adelina</u> <u>8881 SW, 87 ST</u> <u>Miami, FL 33173</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)