2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108367

1. Entity Name

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GAIGE FINANCIAL GROUP, INC.

B

FILED Jul 07, 2000 8:00 am Secretary of State

05-17-2000 91071 001 *3,600.00

☐ Addition

Mailing Address Principal Place of Business MARTELLA AVENUE 22154 MARTELLA AVENUE BOCA RATON FL 33433 _ - RATON FL 33433 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Goldstein WILLIAMS, SHELLEY Street Address (P.O. Box Number is Not Acceptable) 22154 MARTELLA AVENUE **BOCA RATON FL 33433** Ration 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax tiling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) The CEO/Presiden+ X Addition Change TITLE Delete TITLE Shelley Goldstan 22154 Martella Auc WILLIAMS, SHELLEY NAME NAME **CR2E034** 22154 MARTELLA AVENUE STREET ADDRESS STREET ADDRESS Boca Roton, A 33433 CHY-S1-78 **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Addition ☐ Chance Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE

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 the empowered.

CITY-ST-ZIP

NAME

TITLE NAME STREET ADDRESS

Delete

STREET ADORESS

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: Obligation 4/27/2000

SIGNATURE: Date Dayling OFFICER OR DIRECTOR Date

Date Dayling Phone #