2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am **DOCUMENT # \$45037** Secretary of State 1. Entity Name GDM OF SOUTH FLORIDA, INC. 05-03-2001 91135 018 ***150.00 Principal Place of Business Mailing Address 6605 S. DIXIE HWY 6605 S. DIXIE HWY VOOTOOS WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 65-0253464 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOTILLO, M. MAURICIO 5801 S DIXIE HIGHWAY **WEST PALM BEACH FL 33405** 8. The abo ity adbmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR agent inditite if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. Mauricia TITLE ☐ Delete TITLE SOTILLO, M. MAURICIO NAME NAME STREET ADDRESS 5801 S DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP west palm beach fl TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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 of 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 fediver 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 affact their with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/27/0

561-517-5784

Date

Daytime Phone #

FILED