2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State **DOCUMENT # \$74138** 1. Entity Name GEHN HOLDINGS, INC. 05-02-2001 90187 003 ***150.00 Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE 16TH FLOOR SUITE 850 C0058097 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0284022 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEMS SULLIVAN, JOHN S Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE 1200 South Pine Island Road SUITE 850 **MIAMI FL 33131** <u>Plantation</u> 33324 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 SPECIAL ASSISTANT SECRETARY (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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

9. This corporation is eligible to satisfy its Intangible

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DS **X**Change TITLE K Delete TITLE Addition DPST Javier De Otaduy SULLIVAN, JOHN S NAME NAME bacxGasacxBrianmacxxBrlasxxx3BrRx8xx3 701 BRICKELL AVENUE SUITE 850 STREET ADDRESS STREET ADDRESS x98000:xHombereanko;xxHomereo; CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** RESIDENCE-PARK-SANT-ROMAN APT 802 PΤ ☐ Delete TITLE TITLE AVENIDA SANT ROMA 98000 MONTECARLO MONACO SULLIVAN, JOHN S NAME NAME 701 BRICKELL AVENUE SUITE 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Change ☐ Oelete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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:

YPED OR PRINTED NAME OF SIGNING OFFICER

4/20/01

305-381-8340