

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90005 037 ***150.00

DOCUMENT # P94000039297

1. Entity Name
G.A. INTERNATIONAL ELECTRONICS OF FLORIDA CORP.

Principal Place of Business 2450 SOUTHWEST 137TH AVENUE STE. 221 MIAMI FL 33175	Mailing Address 2450 SOUTHWEST 137TH AVENUE STE. 221 MIAMI FL 33175-6332
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2. Principal Place of Business <i>825 Brickell Bay Dr</i>	3. Mailing Address <i>825 Brickell Bay Dr</i>
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Suite, Apt. #, etc. <i>Suite 1845 Town 3</i>	Suite, Apt. #, etc. <i>Suite 1845 Town 3</i>
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City & State <i>MIAMI FL</i>	City & State <i>MIAMI FL</i>
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Zip <i>33131</i>	Country <i>USA</i>	Zip <i>33131</i>	Country <i>USA</i>
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4. FEI Number **65-0501176** 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

7. Name and Address of New Registered Agent

CABALLERO, MARCIA B
 2450 SOUTHWEST 137TH AVENUE STE. 221
 MIAMI FL 33175

Name *GUNTER OLBRICH*
 Street Address (P.O. Box Number is Not Acceptable)
c/o GA INT ELECTRONICS OF FLORIDA CORP
TOWN 3 SUITE 1845
 City *825 BRICKELL BAY DR* **FL** Zip Code *33131*

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. *MIAMI FL*

SIGNATURE *[Signature]* DATE *4/14/00*
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.

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 PD	<input type="checkbox"/> Delete
NAME OLBRICH, GUNTER	
STREET ADDRESS 720 NE 69TH ST 24N	
CITY-ST-ZIP MIAMI FL	
TITLE VD	<input type="checkbox"/> Delete
NAME MOLINA, GERARD G	
STREET ADDRESS 200 BURBANK AVENUE	
CITY-ST-ZIP STATEN ISLAND NY 10314	
TITLE STD	<input type="checkbox"/> Delete
NAME OLBRICH, BIRGIT	
STREET ADDRESS 720 NE 69TH ST 24N	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]* **SIGNATURE REQUIRED** *BIRGIT OLBRICH* *see* *4/14/00* *305-371-7039*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)