

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0051784 AV

DOCUMENT # F01000000894

1. Entity Name
GDA.COM, INC.



APPROVED
AND
FILED

03 SEP 10 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9655 SOUTH DIXIE HIGHWAY
SUITE 106
PINECREST FL 33156

Mailing Address
9655 SOUTH DIXIE HIGHWAY
SUITE 106
PINECREST FL 33156



2. Principal Place of Business

3. Mailing Address

255 Alhambra Cr.
Suite, Apt. #, etc.
835

255 Alhambra Cr.
Suite, Apt. #, etc.
835

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number 65-0982025

Applied For
Not Applicable

Zip 33134

Country USA

Zip 33134

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, JOHN L
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

500022932935

09/10/03--01070--004 **550.00

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME MITRE, BARTOLOME
STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY, SUITE 106
CITY-ST-ZIP PINECREST FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Taxes

TITLE D
NAME SANTOS, LUIS FERNANDO
STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY, SUITE 106
CITY-ST-ZIP PINECREST FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROCK, ROBERTO
STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY, SUITE 106
CITY-ST-ZIP PINECREST FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LESSER, JORGE
STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY, SUITE 106
CITY-ST-ZIP PINECREST FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PADILHA, JOSE
STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY, SUITE 106
CITY-ST-ZIP PINECREST FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PST
NAME DIAGO, JORGE J
STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY, SUITE 106
CITY-ST-ZIP PINECREST FL 33156 ☒ Delete

TITLE PST
NAME Jose C. Romano
STREET ADDRESS 255 Alhambra Cir. Ste 835
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

12. 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 10 or Block 11 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

9/9/03

(305) 774-3303

CR2E034 (4/03)