## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| 2002 UNIFORM BUSINESS REPORT  DOCUMENT # M35284  1. Entity Name GERTRAB, INC.   |  |  |  |  | UBR)   |  | FILED Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90160 001 ***150.00 01-31-2002 90160 002 ****20.00 |                               |  |                             |  |
|---|--|--|--|--|--|--|---|-------------------------------|--|-----------------------------|--|
| Principal Place of Business<br>2029 NW 27 AVE.<br>MIAMI FL 33142  |  |  | Mailing Address<br>2029 NW 27 AVE.<br>MIAMI FL 33142   |  |  |  |   |                               |  |                             |  |
| 2. Principal Pl   | lace of Busin  | ess  | 3. Mailing Address   |  |  | _  |   |                               |  |                             |  |
| Suite, Apt. #, etc. City & State  |  |  | Suite, Apt. #, etc.  City & State  |  |  | _  | DO  | NOT WRITE                     | IN THIS SI   | PACE                        |  |
|   |  |  |  |  |  | 4. FE  | Number 59-  | 2697850                       |  | <del></del>                 | oplied For                                     |
| Zip   |  | Country  | Zip  | Country  | ,  | <b>5.</b> Ce                                     | rtificate of Status   |                               |  | 8.75 Ad                     |  |
|   | 6. Name  | and Address of Current R   | legistered Agent   |  |  | 7. Na  | me and Address  | of New Rec                    |  | ee Require                  |  |
|   |  |  | <u> </u>   |  | Name   | · <del> · · · · · · · · · · · · · · · · · </del> | <del> </del>  |                               |  | <u> </u>                    |  |
| TRABADA, GERMAN 42330 SW 39 TERRACE   |  |  |  |  | Street Address   | (P.O. Box  | Number is Not A   | Acceptable)                   |  |                             |  |
| MIAMI FL  | 33175  |  |  |  | City   | · <u></u>  |   |                               |  | Zip Cod                     |  |
|   |  |  |  |  |  |  |   |                               |  |                             |  |
| SIGNATURE _   | ·  | (Started)  | the purpose of changing its  | registered   |  |  |   | State of Florid               | FL<br>da.<br>1/17/8  | 62                          |  |
| SIGNATURE _  9. This corpo  Tax filing re   | Signature, typed o   | or printed name of registered agent are ble to satisfy its Intangible and elects to do so.   | PAESIDE (NOTE  | registered FOT :: Registered Ag  | office or regist   | ed when reins                                    |   | mpaign Finar                  | da. ///// DATE   | \$5.0                       | 0 May Be                                       |
| SIGNATURE _  9. This corpo  Tax filing re   | Signature, typed oration is eligi<br>equirement a  | or printed name of registered agent and ble to satisfy its Intangible and elects to do so.   | PAESIDE  (NOTE  FILE NOW!  After May 1, 200  Make Check Payab  | registered FOT :: Registered Ag  | office or regist   | red when reins                                   | tating)  10. Election Car   | mpaign Finar<br>Contribution. | DATE   | \$5.0<br>Added              | 00 May Be                                      |
| 9. This corpo Tax filing re   | Signature, typed oration is eligile equirement a lia on back)  PD TRABADA  | or printed name of registered agent are ble to satisfy its Intangible and elects to do so.   | PAESIDE  (NOTE  FILE NOW!  After May 1, 200  Make Check Payab  | registered April FEE IS 22 Fee wille to Deptil 12. TITLE NAME  | office or regist gent signature requir \$ \$150.00 II be \$550.00 artment of \$6   | red when reins                                   | 10. Election Car<br>Trust Fund (  | mpaign Finar<br>Contribution. | DATE  DETE   | \$5.0<br>Added              | 00 May Be                                      |
| 9. This corpo Tax filing re (See criteri 11.  IITLE VAME STREET ADDRESS   | signature, typed or<br>ration is eligil<br>equirement a<br>ia on back)  PD  TRABADA  12330 SW  MIAMI FL  VD  TRABADA         | or printed name of registered agent and ble to satisfy its Intangible and elects to do so.  OFFICERS AND E  GERMAN  39 TERRACE  RAQUEL  39 TERRACE | PIESIDE (NOTE FILE NOW! After May 1, 200 Make Check Payab  | registered Agents FEE IS 12. TITLE NAME NAME NAME  | office or regist gent signature requir \$ \$150.00 II be \$550.00 artment of \$1  ADDRESS -ZIP                             | red when reins                                   | 10. Election Car<br>Trust Fund (  | mpaign Finar<br>Contribution. | DATE  DATE  DERS AND I   | \$5.0 Added                 | May Be dito Fees                               |
| 9. This corpo Tax filing re (See criteri 11.  IITLE HAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME STREET ADDRESS STREET ADDRESS   | signature, typed or<br>ration is eligili<br>equirement a<br>ia on back)  PD  TRABADA 12330 SW MIAMI FL  VD  TRABADA 12330 SW | or printed name of registered agent and ble to satisfy its Intangible and elects to do so.  OFFICERS AND E  GERMAN  39 TERRACE  RAQUEL  39 TERRACE | FILE NOW! After May 1, 20 Make Check Payab   | registered Agents FEE IS 12 Fee will le to Dept 12. TITLE NAME STREET / CITY-ST TITLE NAME STREET / ST | office or regist gent signature requir \$ \$150.00 II be \$550.00 artment of \$6  ADDRESS -ZIP  ADDRESS                    | red when reins                                   | 10. Election Car<br>Trust Fund (  | mpaign Finar<br>Contribution. | DATE  DEFINITION  DEFINITION | \$5.0 Added                 | IO May Be<br>d to Fees<br>S IN 11              |
| 9. This corpo Tax filing re (See criteri  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME STREET ADDRESS CITY-ST-ZIP   | signature, typed or<br>ration is eligili<br>equirement a<br>ia on back)  PD  TRABADA 12330 SW MIAMI FL  VD  TRABADA 12330 SW | or printed name of registered agent and ble to satisfy its Intangible and elects to do so.  OFFICERS AND E  GERMAN  39 TERRACE  RAQUEL  39 TERRACE | PIESIDE Id bitle If applicable. (NOTE  FILE NOW!  After May 1, 20t  Make Check Payab  DIRECTORS  Delete      | registered April FEE IS 22 Fee wille to Depoil 12. TITLE NAME STREET ACITY-ST TITLE NAME STREET ACITY-ST TITLE NAME STREET ACITY-ST  | office or regist gent signature requir \$ \$150.00 II be \$550.00 artment of \$i  ADDRESS -ZIP  ADDRESS -ZIP               | red when reins                                   | 10. Election Car<br>Trust Fund (  | mpaign Finar<br>Contribution. | DATE  DOCING   | \$5.0 Added DIRECTOR Change | May Be if to Fees  S IN 11  Addition  Addition |
| 9. This corpo Tax filing re (See criteri  11.  IITLE IAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME STREET ADDRESS | signature, typed or<br>ration is eligili<br>equirement a<br>ia on back)  PD  TRABADA 12330 SW MIAMI FL  VD  TRABADA 12330 SW | or printed name of registered agent and ble to satisfy its Intangible and elects to do so.  OFFICERS AND E  GERMAN  39 TERRACE  RAQUEL  39 TERRACE | PAESIDE Id title if applicable. (NOTE  FILE NOW!  After May 1, 200  Make Check Payab  Delete  Delete  Delete | registered Agents FEE IS 12 Fee will le to Dept 12. TITLE NAME STREET A CITY-ST TITLE NAME STREET A STREET A CITY-ST TITLE NAME STREET A   | office or regist gent signature requir \$ \$150.00 II be \$550.00 artment of \$1  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP | red when reins                                   | 10. Election Car<br>Trust Fund (  | mpaign Finar<br>Contribution. | DATE  Cing  ERS AND I  | \$5.0 Addec DIRECTOR Change | D May Be d to Fees S IN 11 Addition Addition   |