

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90093 006 ***150.00

DOCUMENT # P95000097426

1. Entity Name

GENERAL BUSINESS RESOURCES OF FLORIDA, INC.

Principal Place of Business

**88 S RIVER DR
 MIAMI FL 33130**

Mailing Address

**10050 SW 51 TERR
 MIAMI FL 33165**

2. Principal Place of Business

75 NW 22 AVE

Suite, Apt. #, etc.

Miami FL

City & State

3. Mailing Address

10050 SW 51 Terr

Suite, Apt. #, etc.

Miami FLA

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0632679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

33125

Country

USA

Zip

33165

Country

6. Name and Address of Current Registered Agent

MASZTAL, CARL L ESQ.

1491 N.W. NORTH RIVER DRIVE

MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **HERNANDEZ, JOEL**
 STREET ADDRESS **10714 S.W. 55TH ST**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **S** ☐ Delete
 NAME **HERNANDEZ, MANUEL**
 STREET ADDRESS **10050 SW 51 TERR**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 3056435400

CR2E034 (9/01)