

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90078 024 ***150.00

UT16534

DOCUMENT # P97000087457

1. Entity Name
G.B. INVESTMENTS GROUP, INC.



Principal Place of Business 2901 SW 8 STREET SUITE 204 MIAMI FL 33135	Mailing Address 2901 SW 8 STREET SUITE 204 MIAMI FL 33135
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1034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 3822 W 12th Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah, FL	4. FEI Number 65-0801829	Applied For Not Applicable
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Zip 33012	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.
 C/O GREENBERG, TRAURIG, HOFFMAN
 1221 BRICKELL AVENUE
 MIAMI FL 33131**

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 _____ DATE _____
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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	CAYON, MAURICIO	
STREET ADDRESS	1211 S.W. 139TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33184	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BOSCHETTI, JOSE	
STREET ADDRESS	2901 S.W. 8TH STREET, SUITE 201	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
NAME		
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: DATE: 1/19/01 DAYTIME PHONE #: (305) 541-7150

CR2E034 (10/00)