

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91046 043 ***150.00

DOCUMENT # P98000094107

1. Entity Name

G.P.R. INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

808 BRICKELL KEY DRIVE

3. Mailing Address

808 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 1203

APT. 1203

City & State

City & State

MIAMI FL 33131

MIAMI FL 33131

Zip

Country

FLORIDA

Zip

Country

FLORIDA

4. FEI Number

65-0875178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P.D.
NAME	CRESPO GERMANO R.
STREET ADDRESS	808 BRICKELL KEY DRIVE
CITY - ST - ZIP	MIAMI FL 33131
TITLE	VST.D.
NAME	PATRICIO GERMANO RODRIGUES CRESPO
STREET ADDRESS	808 BRICKELL KEY DRIVE
CITY - ST - ZIP	MIAMI FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

305-416-7534

Daytime Phone #

CR2E034B (12/02)