

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000058237

**Entity Name:** GBI MASTER, INC.

**Current Principal Place of Business:**

4700 SW 80TH STREET  
SUITE 300  
MIAMI, FL 33143

**FILED**  
**Mar 02, 2018**  
**Secretary of State**  
**CC3376085375**

**Current Mailing Address:**

4700 SW 80TH STREET  
SUITE 300  
MIAMI, FL 33143 US

**FEI Number:** 45-3303222

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAROLINA , CABELLO  
4700 SW 80TH STREET  
MIAMI, FL 33143 US

*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:** CAROLINA CABELLO BRITO

03/02/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name CABELLO, JESUS ALBERTO  
Address 4700 SW 80TH STREET  
City-State-Zip: MIAMI FL 33143

Title VPST  
Name CABELLO, CAROLINA  
Address 4700 SW 80TH STREET  
City-State-Zip: MIAMI FL 33143

Title VPST  
Name CABELLO, ANABELLA  
Address 4700 SW 80TH STREET  
City-State-Zip: MIAMI FL 33143

Title VPST  
Name CABELLO, MARIA C  
Address 4700 SW 80TH STREET  
City-State-Zip: MIAMI FL 33143

Title D  
Name CABELLO, CAROLINA  
Address 4700 SW 80TH STREET  
City-State-Zip: MIAMI FL 33143

Title D  
Name CABELLO, ANABELLA  
Address 4700 SW 80TH STREET  
City-State-Zip: MIAMI FL 33143

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLINA CABELLO

VPDT

03/02/2018

Electronic Signature of Signing Officer/Director Detail

Date