

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 467435**

1. Entity Name

G.V.H. ENTERPRISES, INC.**FILED****Feb 21, 2001 8:00 am**
Secretary of State

02-21-2001 90023 032 ***150.00

Principal Place of Business

5252 W. FLAGLER ST.
MIAMI FL 33134

Mailing Address

~~**5252 W. FLAGLER ST.**~~
~~**MIAMI FL 33134**~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9688 SW 24 Street

Suite, Apt. #, etc.

City & State

Miami**Florida**

Zip

33165

Country

USA4. FEI Number **59-1569521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
782 LEJEUNE RD.
#548
MIAMI FL 33126

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **HERRAN, ANTOLIN G**
STREET ADDRESS **8001 SW 84 AVE.**
CITY-ST-ZIP **MIAMI, FL 00000**TITLE **SD** ☐ Delete
NAME **GUERRA, JORGE**
STREET ADDRESS **8440 SW 58TH ST.**
CITY-ST-ZIP **MIAMI, FL 00000**TITLE **PD** ☐ Delete
NAME **HERRAN, MANUEL A**
STREET ADDRESS **8460 S.W. 5TH STREET**
CITY-ST-ZIP **MIAMI, FL 00000**TITLE **D** ☐ Delete
NAME **GUERRA, ARMANDO J.**
STREET ADDRESS **9475 JOURNEY'S END ROAD**
CITY-ST-ZIP **CORAL GABLES FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **GUERRA, Armando J.**
CITY-ST-ZIP **9475 Journey's End Road**
Coral Gables, FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)