

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90109 039 ***150.00

DOCUMENT # 854875

1. Entity Name
GONRE CORP.

Principal Place of Business

7500 NW 59TH AVE
MEDLEY FL 33166
US

Mailing Address

7500 NW 69TH AVE
MEDLEY FL 33166
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 160817

P.O. Box 160817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33016

Country

US

Zip

33016

Country

US

4. FEI Number **98-0056561**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLOS A TROY
999 PONCE DE LEON BLVD
#1110
CORA GABLES FL 33134

Name **Carlos A Troy**

Street Address (P.O. Box Number is Not Acceptable)
10570 NW 27 St.

Suite # 103

City **MPami**

FL

Zip Code **33172**

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 *Priscilla Gonzalez* **Priscilla Gonzalez President.**

1/24/01

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 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 **PD**
NAME **GONZALEZ, PRISCILLA** ☐ Delete
STREET ADDRESS **7500 NW 69TH AVE**
CITY-ST-ZIP **MEDLEY FL**

TITLE **PD** ☐ Change ☐ Addition
NAME **Gonzalez Priscilla**
STREET ADDRESS **P.O. Box 160817**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE **SDVP**
NAME **GONZALEZ, REYNALDO** ☐ Delete
STREET ADDRESS **7500 NW 69TH AVE**
CITY-ST-ZIP **MEDLEY FL**

TITLE **SDVP** ☐ Change ☐ Addition
NAME **Gonzalez, Reynaldo**
STREET ADDRESS **P.O. Box 160817**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE **TD**
NAME **GONZALEZ, JOSE E** ☐ Delete
STREET ADDRESS **7500 NW 69TH AVE**
CITY-ST-ZIP **MEDLEY FL**

TITLE **TD** ☐ Change ☐ Addition
NAME **Gonzalez, Jose E**
STREET ADDRESS **P.O. Box 160817**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ 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: *Priscilla Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

Daytime Phone #

CR2E034 (10/00)

0207788