2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **855874** G.O.C.A. INVESTMENTS CORPORATION 04-03-2000 90152 046 ***150.00 Principal Place of Business Mailing Address % RAMON MIYAR % RAMON MIYAR 2588 S.W. 27 AVE. 2588 S.W. 27 AVE. MIAMI FL 33133 MIAMI FL 33133-2143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 98-0067647 Not Applicable Zip Country Zip Country **\$8,75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIYAR, RAMON Street Address (P.O. Box Number is Not Acceptable) 2588 S.W. 27 AVE. **MIAMI FL 33133** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition ☐ Change PD TITLE TITLE ☐ Delete DE PEREZ. ANA DOLORES M. NAME NAME FL. 1 #E, URDANETA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS VENEZUELA ☐ Change Addition ☐ Delete TITLE TITLE MIJARES, OSCAR PEREZ NAME STREET ADDRESS STREET ADDRESS FL. 1 #E, URDANETA AVE. CITY-ST-ZIP CITY-ST-ZIP CARACAS VENEZUELA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MIJARES, CARLOS S. P. NAME STREET ADDRESS STREET ADDRESS FL. 1 #E, URDANETA AVE. CITY-ST-ZIP CITY-ST-7/P CARACAS VENEZUELA Change ☐ Addition ☐ Delete TITLE TITLE MIJARES, GUSTAVO PEREZ NAME NAME STREET ADDRESS STREET ADDRESS FL. 1 #E. URDANETA AVE. CITY-ST-ZIP CITY-ST-ZIP CARACAS VENEZUELA Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 in address, with all other like empowered.

Date

Daytime Phone #

BE AND TYPED OP PRINTED NAME OF SIGNING OFFICER OR DIRECTOR