

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90022 021 ***158.75

DOCUMENT # F07060

1. Entity Name

GANEM CONSTRUCTION CORP., INC.

Principal Place of Business

422 SANSOVINO AVE
 CORAL GABLES FL 33146

Mailing Address

% IVAN A. GOMEZ
 601 BRICKELL KEY DR., SUITE 507
 MIAMI FL 33131-2652
 US

2. Principal Place of Business

9450 SW 72 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

Zip
 33173

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2061949**

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

GOMEZ, IVAN A PA
 601 BRICKELL KEY DRIVE
 SUITE 507
 MIAMI FL 33131

Name
IAG CORPORATE SERVICES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DRIVE
SUITE 507
 City
MIAMI FL Zip Code
33131

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.

IAG CORPORATE SERVICES, INC.

SIGNATURE

By: *Ivan Gomez*, **President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/00
 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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GANEM, MARLEN	422 SANSOVINO	CORAL GABLES FL	<input type="checkbox"/>
TDVP	GOMEZ, HILDA	422 SANSOVINO	CORAL GABLES FL	<input type="checkbox"/>
SD	GANEM, RAFAEL	8891 MILLER DRIVE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	GANEM, MARLEN	9450 SW 72 St. #203	MIAMI, FL 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gomez, Hilda	9450 SW 72 St. #203	MIAMI, FL 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	GANEM, RAFAEL	9450 SW 72 St #203	MIAMI, FL 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ivan Gomez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 305-412-1200
 Date Daytime Phone #

CR2E034 (9/99)