

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F07060

1. Entity Name

GANEM CONSTRUCTION CORP., INC.

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

05-02-2000 90022 021 ***158.75

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

City & State

Zip

33173

Country

Zip

Country

4. FEI Number

59-2061949

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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 A. Gomez, President

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

(NOTE: Registered Agent signature required when reinstating)

4/13/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

XX

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.

XX

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Ivan A. Gomez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

305-412-1200
 Date Daytime Phone #

CR2E034 (9/99)