

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92617

1. Entity Name

GAMEYCO-TRADEN COMPANY

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90144 030 ***150.00

Principal Place of Business

Mailing Address

C/O MARTA MORENO
4727 NORTH OCEAN BLVD.
FT LAUDERDALE FL 33308

C/O MARTA MORENO
4727 NORTH OCEAN BLVD.
FT LAUDERDALE FL 33308-2914

2. Principal Place of Business
C/O FERNANDO VARGAS
4900 N. OCEAN BLVD.

3. Mailing Address
C/O FERNANDO VARGAS
4900 N. OCEAN BLVD.

Suite, Apt. #, etc.
703

Suite, Apt. #, etc.
703



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL 33308

City & State
FT. LAUDERDALE, FL 33308

4. FEI Number
59-2215054

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

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

GAVIRIA, HERNANDO
4900 NORTH OCEAN BLVD.
FT LAUDERDALE FL

Name
FERNANDO VARGAS
Street Address (P.O. Box Number is Not Acceptable)
4900 N. OCEAN BLVD. No. 703
FT. LAUDERDALE 33308
City FT. LAUDERDALE FL Zip Code 33308

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]
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, 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	S	<input type="checkbox"/> Delete
NAME	GAVIRIA, JARIO	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE GAVIRIA, ALICIA	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GAVIRIA, LUIS F.	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE HELO, SILVIA	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE 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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000

Date

Daytime Phone #

CR2E034 (9/99)