

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90001 049 ***150.00

DOCUMENT #

1. Entity Name

GAMEYCO-TRADEN COMPANY

Principal Place of Business

Mailing Address

4900 N. OCEAN BLVD. APT. 111 SAME
 FT. LAUDERDALE, FL 33308

2. Principal Place of Business

4900 N. OCEAN BLVD

3. Mailing Address

4900 N. OCEAN BLVD.

Suite, Apt. #, etc.
 1111

Suite, Apt. #, etc.
 703

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

59 2215054

Applied For

Not Applicable

Zip
 33308

Country

BROWARD

Zip
 33308

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0062582

6. Name and Address of Current Registered Agent

FERNANDO VARGAS

4900 N. OCEAN BLVD. APT. 703

FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE NAME	PRESIDENT LUIS F. GAVIRIA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4900 N. OCEAN BLVD. APT. 1111 FT. LAUDERDALE, FL 33308
TITLE NAME	VICE-PRESIDENT ALICIA DE GAVIRIA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4900 N. OCEAN BLVD. APT. 1111 FT. LAUDERDALE, FL 33308
TITLE NAME	SECRETARY JAIRO GAVIRIA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4900 N. OCEAN BLVD. APT. 1111 FT. LAUDERDALE, FL 33308
TITLE NAME	TREASURER SILVIA GAVIRIA DE HELO <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4900 N. OCEAN BLVD. APT. 1111 FT. LAUDERDALE, FL 33308
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

LUIS F. GAVIRIA-PRESIDENT

4/25/01 (954) 942 6907

Date

Daytime Phone #