

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90013 027 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000005110

1. Entity Name
GETSA CORP

Principal Place of Business

**3501 INVERRARY BLVD.
 LAUDERHILL FL 33319
 US**

Mailing Address

**3501 INVERRARY BLVD.
 LAUDERHILL FL 33319
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0444456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MONSON, MARIA E.
 2451 BRICKELL AVENUE 11 M
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **JULIAN RAMIREZ**
 Street Address (P.O. Box Number is Not Acceptable)
3501 INVERRARY BLVD
 City **LAUDERHILL** FL Zip Code **33319**

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 **7/1/01**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PC** ☐ Delete
 NAME **RAMIREZ, JULIAN**
 STREET ADDRESS **2451 BRICKELL AVE. #11M**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **JULIAN RAMIREZ**
 STREET ADDRESS **3501 INVERRARY BLVD**
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE **V** ☒ Delete
 NAME **MONZON, MARIA E**
 STREET ADDRESS **2451 BRICKELL AVE. #11M**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **GIMENEZ, MERCEDES**
 STREET ADDRESS **2451 BRICKELL AVE. #11M**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **GIMENEZ MERCEDES**
 STREET ADDRESS **3501 INVERRARY BLVD**
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIAN RAMIREZ 7/1/01 954 985.50

Date

Daytime Phone #

CR2E034 (5/01)