## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 11, 2002 8:00 am **Secrétary of State** DOCUMENT # F9300005110 1. Entity Name **GETSA CORP** Principal Place of Business Mailing Address 3501 INVERPARY BLVD. 3501 INVERRARY BLVD. LAUDERHILL FL 33319 LAUDERHILL FL 33319 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suita, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0444456 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required =6.=Name and Address of Current Registered Agent === 7.-Name and Address of New Registered Agent RAMIREZ JULIAN 3501 INVERRORY BLVD. LAUDERHILL FL 33319 8. The above named effully s this stalement for the purpose of changing its registered office or registered agent, or both, in the Stale of Florida 6-12-02 SIGNATURE printed name of registered agent and title if applicable Signature, typho'b (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01)TITLE Delete ☐ Change Addition Addition HONZON ESTYER NAME RAMIREZ, JULIAN NAME 3501 INVERDEY BUID STREET ADDRESS 3501 INVERRORY BLVD. STREET ADDRESS **CR2E034** CITY-ST-ZiP LAUDERHILL FL CITY-ST-71P LOUDERHILL FL 33319 TITLE Delete TD TITLE ☐ Change ☐ Addition NAME GIMENEZ, MERCEDES NAME STREET ADDRESS 3501 INVERRORY BLVD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP LAUDERHILL FL time Delete ine ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truly and accurate and tryat 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 proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation of the receiver or trustee emp changed, or on an attachment with an address,

ll other like empo

1/12/02

FILED

