## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90967 028 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address

## G34855 DOCUMENT #

1. Entity Name

Principal Place of Business

G.P.B. INVESTMENTS, INC.



6361 SUNSET DR. 140 ROSALES CT MIAMI FL 33143 CORAL GARLES EL 33143

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2. Prindibal I	Place of Busin	P66	3. Mailing Address					ini kabalatan ing	
2. Principal Place of Business			3904 Duransost					<u> </u>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite		City & State	bles,	FL	4. FEI Number 59-2292188		Applied For Not Applicable	
Zip		Country	Zip 23 1-2 1-1	Country V S	<del>.</del>	5. Certificate of Status Desired	\$8.75 Fee Req	Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
Nan									
PINO, GUILLERMO					Pino, Guil Herma				
140 ROS				Street Address (		R.O. Bex Number is Not Acceptable)			
CORAL GABLES FL 33143					2404 Darpingo ST.				
CORAL	MADLES PL S	N 143				9			
	<del></del>	Î		City	0 C OL	1 Gables	FL Za	3134	
8. The above	e named entity tions of registe	submits this statement fo	or the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida.	l am familiar w	ith, and accept	
the obliga	ions or registe		' /)						
SIGNATURE .	· · · /		$\mathcal{N}$			$\sim$ / $_{\circ}$	₹ <i>&amp;</i> / (	2	
	Signature, types o	r printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	ature required v	when reinstating) (	DATE		
F	ILE NOWIII	EEE IS \$150.00							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financin	g <b>\$</b> 5	5.00 May Be	
		Florida Department o	f State			Trust Fund Contribution.		ded to Fees	
	12.4	OFFICERS AND							
		OFFICERS AND		11.	T A A	ADDITIONS/CHANGES TO OFFICERS			
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CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition