

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90967 028 ***150.00

DOCUMENT # **G34855**

1. Entity Name
G.P.B. INVESTMENTS, INC.



Principal Place of Business
**6361 SUNSET DR.
MIAMI FL 33143
US**

Mailing Address
**140 ROSALES CT
CORAL GABLES FL 33143**



2. Principal Place of Business

3. Mailing Address

Same
Suite, Apt. #, etc.

3904 Durango St
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Coral Gables, FL

4. FEI Number **59-2292188**

Applied For
Not Applicable

Zip Country

Zip Country
33134 U.S.

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

**PINO, GUILLERMO
140 ROSALES CT
CORAL GABLES FL 33143**

Name **Pino, Guillermo**
Street Address (P.O. Box Number is Not Acceptable)
3904 Durango St.
City **Coral Gables FL** Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	PINO, GUILLERMO	140 ROSALES CT	CORAL GABLES FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPS	Pino, Guillermo	3904 Durango St.	Coral Gables, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/22/03** (305)
Daytime Phone # **323-7960**

CR2E034 (10/02)