

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90129 031 ***150.00

DOCUMENT # K40051

1. Entity Name

GENERAL SERVICES OFFICE, INC.



Principal Place of Business

**8382 N.W. 66TH STREET
MIAMI FL 33166
US**

Mailing Address

**P.O. BOX 661108
MIAMI SPRINGS FL 33266
US**

2. Principal Place of Business

8360 NW 68 St

Suite, Apt. #, etc.

3. Mailing Address

8360 NW 68 St

Suite, Apt. #, etc.

City & State

MIAMI FL 33166

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0117722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANDRADE, JUAN C
5900 COLLINS AVE
MIAMI FL 33140**

7. Name and Address of New Registered Agent

Name

SARA M. RENDON

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

840 South Park Rd. Apt 05-22

Apt 522

City

HOLLYWOOD

FL

Zip Code
33021

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

Maria B. Rendon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☒ Delete
NAME **ANDRADE, ALVARO L**
STREET ADDRESS **8382 NW 68TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
NAME **BARRIGA, SARA M**
STREET ADDRESS **19390 COLLINS AVE #205**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **RENDON, SARA M.**
STREET ADDRESS **840 South Park Rd. Apt 522**
CITY-ST-ZIP **Hollywood FL 33021**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Maria B. Rendon

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)