

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

08-09-2001 90044 018 \*\*\*550.00

017882 AT

**DOCUMENT # L19517**

**1. Entity Name**  
**G.A.P. PRODUCTS CORPORATION**

**Principal Place of Business**  
**5972 S.W. 42ND STREET**  
**MIAMI FL 33155**

**Mailing Address**  
**5972 S.W. 42ND STREET**  
**MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**6913 NW 82 AVE**

**3. Mailing Address**  
**P.O. BOX 660641**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI FL.**

City & State  
**MIAMI SPRINGS FL.**

**4. FEI Number** **65-0147315**

Applied For  
☐ Not Applicable

Zip **33166** Country **USA** Zip **33266-0641** Country **USA**

**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**

**POSADA, GABRIEL A**  
**5972 S.W. 42ND STREET**  
**MIAMI FL 33155**

Name **POSADA, GABRIEL A**

Street Address (P.O. Box Number is Not Acceptable)  
**1735 WEST 60 ST APT. M306**

City **HIATLEAH, MIAMI FL** Zip Code **33012**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PD POSADA, GABRIEL A 5972 S.W. 42ND STREET MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POSADA, LUZ A 5972 S.W. 42ND STREET MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSADA, GABRIEL A 1735 WEST 60 ST APT. M306 HIATLEAH, MIAMI FL. 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POSADA, LUZ A. 1735 WEST 60 ST APT. M306 HIATLEAH, MIAMI FL. 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** GABRIEL POSADA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)