

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90357 011 ***150.00

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DOCUMENT # L19517

1. Entity Name

G.A.P. PRODUCTS CORPORATION



Principal Place of Business

**6913 NW 82 AVENUE
MIAMI FL 33166**

Mailing Address

**P O BOX 660641
MIAMI SPRINGS FL 33268-0641**

2. Principal Place of Business

3. Mailing Address

6913 NW 82 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

Country

Zip

Country

33166

USA

4. FEI Number

65-0147315

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

7. Name and Address of New Registered Agent

**POSADA, GABRIEL A
1735 W 60TH STREET, M-306
HIALEAH FL 33012**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POSADA, GABRIEL A	
STREET ADDRESS	1735 W 60TH STREET, M-306	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	POSADA, LUZ A	
STREET ADDRESS	1735 W 60TH STREET, M-306	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POSADA GABRIEL A	
STREET ADDRESS	314 FAIRWAY CIRCLE	
CITY-ST-ZIP	WESTON, FL, 33326	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POSADA LUZ A.	
STREET ADDRESS	314 FAIRWAY CIRCLE	
CITY-ST-ZIP	WESTON, FL, 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

GABRIEL A POSADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(924) 389 3878

CR2E034 (10/02)