2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L73582 **DOCUMENT #**

1. Entity Name

G'VAN INVESTMENTS, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90748 036 ***150.00

Principal Place of Business 8405 N.W. 53RD STREET SUITE C102 MIAMI FL 33166 US 2. Principal Place of Business			Mailing Address 8405 N.W. 53RD STREET SUITE C102 MIAMI FL 33166 US 3. Mailing Address								
z. Fridcipal r	riace or busii	1692	3. IVISI	ing Address			ļ				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEI Number 65-0190497 Applied For Not Applied			oplied For ot Applicable
Zip Country			Zip Count			ntry	5.	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					
TORRES, DOMINGO 8405 N.W. 53RD STREET						Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE C1	• •	j.									
MIAMI FL 33166					City			FI	Zip Cod	le	
	tions of regist					ed office or region of the design of the des		gent, or both, in the State of Flor	ida. I am	familiar with,	and accept
Afte Make Checl	r May 1, 200	II FEE IS \$150.00 03 Fee will be \$550.00 or Florida Department of						9. Election Campaign Fina Trust Fund Contribution		Added	May Be
10.	unon	. OFFICERS AND D	JIRECTO		11.		AL.	DDITIONS/CHANGES TO OFFIC	JERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JIS ENRIQUE 53RD STREET 33166		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GUSTAVO A 53RD STREET 33166		Delete	•					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSTRAP, 8405 N.W. MIAMI FL	53RD STREET #C102	- J-L	Delete			· =	and the second s	u	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STINSON, 8405 N.W. MIAMI FL	53RD STREET		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
NAME STREET ADDRESS				☐ Delete	TITLE NAM STRE					☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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:

LUBE. WARE