

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90137 050 ***163.75

DOCUMENT # L97199

1. Entity Name
GENERIC INTERNATIONAL CHEMICALS INC.



Principal Place of Business
5533 NW 72 AVENUE
MIAMI FL 33166
US

Mailing Address
19283 NW 86 AVE
MIAMI FL 33015

2. Principal Place of Business

2342 WEST 79 ST

3. Mailing Address

19283 NW 86 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAIALEAH, FL

City & State

MIAMI, FL

Zip

33016

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-0220435

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GARCIA, GUILLERMO
19283 NW 86 AVE
MIAMI FL 33015

7. Name and Address of New Registered Agent

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

GIL GARCIA (SALES MANAGER (PRES))

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

(NOTE: Registered Agent signature required when resigning)

DATE

3/3/03

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.

X

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
GARCIA, GUILLERMO
19283 NW 86 AVE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PONCE, DEBORAH
19283 NW 86 AVENUE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

(305)

829-0571

Date

Daytime Phone #

CR2E034 (10/02)