

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-14-2000 90004 040 ***150.00

DOCUMENT # **M50603**

1. Entity Name
G B R INC R

Principal Place of Business Mailing Address
7370 GARY AV.
MIAMI BEACH FL 33141

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 403656
 City & State MIAMI BEACH FL
 Zip Country 33140 Country

4. FEI Number **59-2818420** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GIANNARZIA GIACOMA
RUSO FILIPPO

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.
 SIGNATURE Ruso Filippo DATE 6-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 GIANNARZIA GIACOMA <input type="checkbox"/> Delete	PRESIDENT.	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7370 GARY AV.	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33141	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME RUSO FILIPPO <input type="checkbox"/> Delete	VICE PRESIDENT.	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7370 GARY AV. MB	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP FL 33141	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Giannarzia Giacomina DATE 6-8-00 (305) 868 9480
Signature and typed or printed name of signing officer or director Date Daytime Phone #