

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90127 048 \*\*\*150.00

**DOCUMENT # P00000001829**

1. Entity Name  
**GO TO MARKET, INC.**



Principal Place of Business  
**1390 S DIXIE HIGHWAY  
1109  
CORAL GABLES FL 33146**

Mailing Address  
**1390 S DIXIE HIGHWAY  
1109  
CORAL GABLES FL 33146**

11011002



2. Principal Place of Business  
**7800 Red Road**

3. Mailing Address  
**7800 Red Road**

Suite, Apt. #, etc.  
**Suite 115**

Suite, Apt. #, etc.  
**Suite 115**

City & State  
**South Miami**

City & State  
**South Miami**

Zip Country  
**FL MIAMI-DADE**

Zip Country  
**FL MIAMI-DADE**

4. FEI Number **65-0973573**

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

**BLANCO, CARLOS  
725 TIZIANO AVENUE  
CORAL GABLES FL 33143**

## 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: *[Signature]* - No Change  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: **4/22/03**

**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. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANCO, CARLOS	
STREET ADDRESS	725 TIZIANO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, JIM	
STREET ADDRESS	6980 PLANTATION ROAD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, MERCEDES	
STREET ADDRESS	11286 SW 92 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LA HOZ, JORGE	
STREET ADDRESS	304 PALERMO AV	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzsimmons, Jim	
STREET ADDRESS	21886 PALM GRASS DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/22/03** DAYTIME PHONE: **305-661-9488**

CR2E034 (10/02)