

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90141 006 ***150.00

DOCUMENT # P00000004365

1. Entity Name
 GOPEC USA, INC.
 150 Alhambra Circle Suite 1270
 Coral Gables, FL 33134

Principal Place of Business **Mailing Address**
 150 Alhambra Circle Suite 1270
 Coral Gables, FL 33134

2. Principal Place of Business
 5830 Funston Street
 Suite, Apt. #, etc.

3. Mailing Address
 5830 Funston Street
 Suite, Apt. #, etc.

City & State
 Hollywood FL

City & State
 Hollywood FL

4. FEI Number 65-1016649

Applied For
☐ **Not Applicable**

Zip 33023 **Country** US

Zip 33023 **Country** US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EVANS, LAWRENCE ESQ.
 150 Alhambra Circle Suite 1270
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name Orlando Arrom
Street Address (P.O. Box Number is Not Acceptable) 10556 NW 26 Street, Suite 203
City Miami **FL** **Zip Code** 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

04/23/2002

DATE

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	Vieira, Geraldo	
STREET ADDRESS	150 Alhambra Circle Suite 1270	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vieira, Geraldo	
STREET ADDRESS	16752 NW 18 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vieira, Fatima	
STREET ADDRESS	16752 NW 18 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
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		

13. 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:

Geraldo Vieira

4/23/02 954-436-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)