

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022964

1. Entity Name

GMC GENERAL MAINTENANCE CORP.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90138 006 \*\*\*150.00

Principal Place of Business

Mailing Address

169 E. FLAGLER STREET  
SUITE 1527  
MIAMI FL 33131

169 E. FLAGLER STREET  
SUITE 1527  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

909 SE 4th Terrace  
Suite, Apt. #, etc.  
203 B

909 SE 4th Terrace  
Suite, Apt. #, etc.  
203 B

City & State

City & State

Cape Coral - Florida

Cape Coral - Florida

Zip

Country

Zip

Country

33904

USA

33904

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, DISNEY  
169 E. FLAGLER STREET  
SUITE 1527  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
QUINTERO, RICARDO  
169 E. FLAGLER STREET #1527  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HATEM, MAJANI  
169 E. FLAGLER STREET #1527  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)