

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90125 022 ***550.00

DOCUMENT # P00000046724

1. Entity Name
GPROXY, INC.

Principal Place of Business
1925 BRICKELL AVENUE, TH18
MIAMI FL 33129

Mailing Address
1925 BRICKELL AVENUE, TH18
MIAMI FL 33129

2. Principal Place of Business
2855 NW 112 Ave

3. Mailing Address
2855 NW 112 Ave

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.
Suite 5

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33172

Country
USA

Zip
33172

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1034016**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, CLAUDIA V
1925 BRICKELL AVENUE, TH18
MIAMI FL 33129

Name **MARIO COLLA**
Street Address (P.O. Box Number is Not Acceptable)
2855 NW 112 Ave Suite 5
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **07/15/2002**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PVST			<input type="checkbox"/>
	ALVAREZ, CLAUDIA V	1925 BRICKELL AVENUE, TH18	MIAMI FL 33129	<input type="checkbox"/>
	ALVAREZ, CLAUDIA V	1925 BRICKELL AVENUE, TH18	MIAMI FL 33129	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D MARIO COLLA	2855 NW 112 Ave Suite 5	MIAMI, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **07/15/2002** **2055130287**

CR2E034 (4/02)