

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90103 001 ***750.00

DOCUMENT # P00000051032
1. Entity Name
 GWA LATINA, INC.

Principal Place of Business 17701 Biscayne Blvd., 3rd Floor
 Aventura, FL 33160
Mailing Address 17701 Biscayne Blvd.
 Third Floor
 Aventura, FL 33160

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

68399

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Nemser & Hollis, P.A.
 18999 Biscayne Blvd.
 North Miami Beach, FL 33180

7. Name and Address of New Registered Agent
 Name: Arie Kachler
 Street Address (P.O. Box Number is Not Acceptable):
 17701 Biscayne Blvd., Third Floor
 City: Aventura FL Zip Code: 33160

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: Arie Kachler
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/11/01

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P&D	POSPISCHER, GUSTAVO	17701 Biscayne Blvd., 3rd Floor Aventura, FL 33160		P&D	POSPISCHER, GUSTAVO	17701 Biscayne Blvd., 3rd Floor Aventura, FL 33160

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: Gustavo Pospischel
 Signature and typed or printed name of signing officer or director
 Date: 4/11/01
 Daytime Phone #: 305-931-7270

CR2E034 (11/00)