

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000053675**

1. Entity Name

G.M.R.T. DEVELOPERS CORP.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90070 005 ***150.00

Principal Place of Business

**4300 SW 73RD AVENUE SUITE 107A
MIAMI FL 33155**

Mailing Address

**4300 SW 73RD AVENUE SUITE 107A
MIAMI FL 33155**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1022533

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGULO, ANA MARIA
2151 SOUTH LEJEUNE ROAD SUITE 310
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, typed 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GUERRERO, MICHAEL C**
STREET ADDRESS **7556 LOS PINOS BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33143**TITLE **D** ☒ Delete
NAME **REYES, GREG**
STREET ADDRESS **PO BOX 5751**
CITY-ST-ZIP **RANCHO SANTA FE CA 92067**TITLE **D** ☐ Delete
NAME **MACKLE, FRANK E**
STREET ADDRESS **8360 SW 61ST AVENUE**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**TITLE **D** ☐ Delete
NAME **DENAVARRA, ALINA TORRES**
STREET ADDRESS **5835 SW 81ST STREET**
CITY-ST-ZIP **MIAMI FL 33143**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

*Alina Torres de Navarra***Alina Torres de Navarra****4/19/01****305 262-3944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)