2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90070 043 ***158.75

DOCUMENT # **P00000055227**

1. Entity Name

G.M.N. SANDBLAST SERVICES, CORP.

10001357

Principal Place of Business	Mailing Address
3821 East 8 CT Hialeah, FL. 33013	3821 East 8 CT Hialeah, FL. 33013

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3821 East 8 CT		3821 East 8 CT	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State: Hialeah, FL.		City & State: Hialeah, FL.	
Zip: 33013	Country: Dade	Zip: 33013	Country: Dade

4. FEI Number **65-1017995** ☐ 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
Rigoberto Umana 3821 East 8 CT Hialeah, FL. 33013	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President & Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Rigoberto Umana		NAME		
STREET ADDRESS	3821 East 8 CT		STREET ADDRESS		
CITY-ST-ZIP	Hialeah, FL. 33013		CITY-ST-ZIP		
TITLE	Vice-president & Secretary	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Marlen Oliva		NAME		
STREET ADDRESS	3821 East 8 CT		STREET ADDRESS		
CITY-ST-ZIP	Hialeah, FL. 33013		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rigoberto Umana 04/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #