

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-07-2001 90015 011 ***150.00

DOCUMENT # P00000066293

1. Entity Name
GOPEX CORPORATION

Principal Place of Business
1090 SORRENTO DRIVE
WESTON FL 33326
Mailing Address
1090 SORRENTO DRIVE
WESTON FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
65-1024445
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

PEREZ, LUIS C. GONZALEZ
1090 SORRENTO DRIVE
WESTON FL 33326

Name
LOUIS A GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
2487 CORDOBA BEND
City WESTON FL Zip Code 33327

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
LUIS A GONZALEZ

Signature of Luis A Gonzalez

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 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 PD
NAME PEREZ, LUIS C. GONZALEZ
STREET ADDRESS 1090 SORRENTO DRIVE
CITY-ST-ZIP WESTON FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVD
NAME SANCHEZ, LUIS A GONZALEZ
STREET ADDRESS 1090 SORRENTO DRIVE
CITY-ST-ZIP WESTON FL 33326

TITLE
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CITY-ST-ZIP

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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:
LUIS C. GONZALEZ
Vice President

01/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)