

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90144-001-\$550.00-\$550.00

06597 AV

DOCUMENT # P00000066293

1. Entity Name
GOPEX CORPORATION



FILED
03 SEP 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6914 N. W. 51 ST
MIAMI FL 33166

Mailing Address
6914 N. W. 51 ST
MIAMI FL 33166



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

800 N.W. 195 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL 33152

City & State

4. FEI Number

65-1024445

Applied For

Not Applicable

Zip

33179

Country

MIAMI-DIC

Zip

Country

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

GONZALEZ, LUIS C
2487 CORDOBA BEND
WESTON FL 33327

Name

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

800 N.E. 195TH STREET # 412

City NORTH MIAMI BEACH

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE PD
NAME GONZALEZ, LUIS C
STREET ADDRESS 1090 SORRENTO DRIVE
CITY-ST-ZIP WESTON FL 33328 Delete

TITLE SVD
NAME GONZALEZ, LUIS A
STREET ADDRESS 1090 SORRENTO DRIVE
CITY-ST-ZIP WESTON FL 33328 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 800 N.E. 195 ST # 412
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Change Addition

TITLE
NAME
STREET ADDRESS 800 N.E. 195TH ST # 412
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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.

LUIS A. GONZALEZ

SIGNATURE:

SIGNATURE REQUIRED

SECRETARY

09/27/03

(954) 290-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)