

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90775 016 ***150.00

DOCUMENT # P00000085956

1. Entity Name
G.V.D. ENTERPRISES, INC.



Principal Place of Business
**10640 SW 96TH ST
MIAMI FL 33176**

Mailing Address
**9050 PINES BLVD
#450
PEMBROKE PINES FL 33024**

2. Principal Place of Business
14720 SW 139 Ave

3. Mailing Address

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33186

Country
USA

Zip

Country

4. FEI Number **65-1052410**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DON GONZALEZ, P.A.
9050 PINES BLVD SUITE 450-F
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **DON Gonzalez, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1820 NORTH CORPORATE LAKES Blvd.
Suite 201
City **Weston** FL Zip **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **by / Don Gonzalez**

3-6-03

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

TITLE **PD** ☐ Delete
NAME **GONZALEZ, JUAN CAMILO**
STREET ADDRESS **9050 PINE BLVD STE 450**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **DV** ☐ Delete
NAME **GONZALEZ, ANDRES**
STREET ADDRESS **9050 PINES BLVD STE 450**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **SD** ☐ Delete
NAME **DEL PORTILLO, JUAN PABLO**
STREET ADDRESS **9050 PINES BLVD STE 450**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

Date Daytime Phone #

CR2E034 (10/02)