

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P0000000 92964

1. Entity Name

G. METAL INDUSTRIES INC

04-07-2004 90032 008 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

54027230

2. Principal Place of Business

3670 N W 49 ST

3. Mailing Address

ditto

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

4. FEI Number

65-1046479

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS A GUTIERREZ

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

3670 N W 49 St.

City

Mia. Fla.

FL

Zip Code

33142

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LUIS A GUTIERREZ Presi.  
2945 SW 15 St.  
Miami Fla 33145

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JUAN A. GUTIERREZ SD  
550 HUNTING LODGE DR.  
mia Spring Fla 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Flor Aldas  
2901 SW 25 St.  
mia Fla. 33133

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

JUAN A. GUTIERREZ

Telephone #