

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90894 022 ***150.00

0207371 AV

DOCUMENT # P00000101088

1. Entity Name
GINTEVEN SERVICIOS, INC.

Principal Place of Business
C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD SUITE 2600
MIAMI FL 33132

Mailing Address
C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD SUITE 2600
MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O DAVID J HART, PA
 Suite, Apt. #, etc.
21 S.E. 1 AVE 10th FLOOR
 City & State
MIAMI FL

3. Mailing Address
C/O DAVID J HART
 Suite, Apt. #, etc.
21 S.E. 1 AVE 10th FLOOR
 City & State
MIAMI FL

4. FEI Number **65-1053283**
 Applied For
 Not Applicable

Zip **33131** Country **USA** Zip **33131** Country **U.S.A.**
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HART, DAVID J
100 N BISCAYNE BLVD SUITE 2600
MIAMI FL 33132

7. Name and Address of New Registered Agent
 Name **DAVID J. HART**
 Street Address (P.O. Box Number is Not Acceptable)
21 S.E. 1 AVE 10th FLOOR
 City **MIAMI** FL **33131**

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 David J. Hart 3-76-02
 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, 2002 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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAETA OLMEDO, FREDDY OSWALDO		NAME	LANDAETA OLMEDO, FREDY OSWALDO	
STREET ADDRESS	100 N BISCAYNE BLVD SUITE 2600		STREET ADDRESS	21 S.E. 1 AVE. 10th FLOOR	
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ZABALA LANDAETA, SANDRA TERESA	
STREET ADDRESS			STREET ADDRESS	5709 CORTEZ ROAD W.	
CITY-ST-ZIP			CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X SIGNATURE OF FREDDY D. LANDAETA 3/26/02 305 577 9977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)