

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

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

04-02-2002 90858 037 ***150.00

DOCUMENT # P00000107620

1. Entity Name

GSM INVESTMENT PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7800 N.W. 34th Street

3. Mailing Address

7800 N.W. 34th Street

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

#204

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1057254

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

B0057214

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7. Name and Address of Current Registered Agent

Name

Gabriel Serrano

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

7800 N.W. 34th Street, #204

City

Miami

FL

Zip Code
33122

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
President
Gabriel Serrano
7800 N.W. 34th Street, #204
Miami, Florida 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 others like empowered.

SIGNATURE:

Gabriel Serrano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 305 5970030

CR2E034B (12/01)