

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91409 040 ***150.00

DOCUMENT # P00000109036

1. Entity Name
GA ENTERPRISES USA, CORP.



Principal Place of Business
**8181 NW 36TH ST
UNITE 16B
MIAMI FL 33166**

Mailing Address
**8181 NW 36TH ST
UNITE 16B
MIAMI FL 33166**



2. Principal Place of Business
8180 NW. 36TH ST

3. Mailing Address
8180 NW. 36TH ST

Suite, Apt. #, etc.
UNITE 239

Suite, Apt. #, etc.
UNITE 239

City & State
MIAMI, FL

City & State
MIAMI, FL

☐ CHECK HERE IF MAKING CHANGES

Zip **33166** Country **USA**

Zip **33166** Country **USA**

4. FEI Number **65-1059901**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GLOBAL BUSINESS SOLUTIONS GROUP CORP.
1290 WESTON ROAD
SUITE 210
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **GBS CONSULTANTS**
Street Address (P.O. Box Number is Not Acceptable)
**1290 WESTON ROAD
SUITE 306**
City **WESTON** FL Zip Code **33326**

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 *Maria Cruz* *Olivia Diaz* **04/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 **PTD** ☐ Delete
NAME **GONZALEZ, IVAN A**
STREET ADDRESS **8181 NW 36TH ST, UNIT 16B**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VPD** ☐ Delete
NAME **CHAVEZ, CRESYS Y**
STREET ADDRESS **8181 36 ST, UNIT 16B**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** ☐ Delete
NAME **GONZALEZ, IVAN A**
STREET ADDRESS **8181 36 ST, UNIT 16B**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **TD** ☐ Delete
NAME **GONZALEZ, IVAN**
STREET ADDRESS **8181 36 ST, UNIT 16B**
CITY-ST-ZIP **MIAMI FL 33166**

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 **PTD** ☒ Change ☐ Addition
NAME **GONZALEZ, IVAN A.**
STREET ADDRESS **8180 NW. 36TH ST, UNIT 239**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **VPD** ☒ Change ☐ Addition
NAME **CHAVEZ, CRESYS Y.**
STREET ADDRESS **8180 NW. 36TH ST, UNIT 239**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **SD** ☒ Change ☐ Addition
NAME **GONZALEZ, IVAN A.**
STREET ADDRESS **8180 NW. 36TH ST, UNIT 239**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **TD** ☒ Change ☐ Addition
NAME **GONZALEZ, IVAN**
STREET ADDRESS **8180 NW. 36TH ST, UNIT 239**
CITY-ST-ZIP **MIAMI, FL 33166**

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

Daytime Phone #

CR2E034 (10/02)