

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90069 017 ***158.75

DOCUMENT # P0000112939
 1. Entity Name
GENCAL DEVELOPMENT SERVICE CORP.

Principal Place of Business 849 S. WYMORE ROAD APT. 25A ALTAMONTE SPRINGS FL 32714	Mailing Address 849 S. WYMORE ROAD APT. 25A ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>849 S. WYMORE Road.</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Suite, 25 A.</i>	Suite, Apt. #, etc.
City & State <i>Altamonte, Spring</i>	City & State
Zip <i>32714</i>	Country <i>FL.</i>


4. FEI Number 59-3689630	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent
**HERNANDEZ, JHON M
 849 S. WYMORE ROAD
 APT. 25A
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name <i>N/A</i>
Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i>
City <i>N/A</i>
State FL
Zip Code <i>N/A</i>

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  DATE *02/20/01*

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

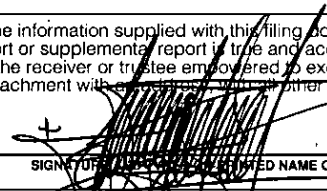
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JHON 849 S. WYMORE ROAD ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUINTERO, ADRIANA 849 S. WYMORE ROAD ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a signature other than that empowered.

SIGNATURE:  DATE: *02-20-01* DAYTIME PHONE #: *407-2949080*

SIGNATURE OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)