

# 2002 UNIFORM BUSINESS REPORT (UBR)

0249981 AV

DOCUMENT # P01000010931

1. Entity Name  
GPA PROPERTIES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 18 PM 4:38

Principal Place of Business  
9400 SOUTH DADELAND BLVD PH-3  
MIAMI FL 33156

Mailing Address  
9400 SOUTH DADELAND BLVD PH-3  
MIAMI FL 33156



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number ☒ Applied For  
☐ Not Applicable

Zip Country

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

## 6. Name and Address of Current Registered Agent

ABRAMS, DAVID S ESQ  
9400 SOUTH DADELAND BLVD PH-3  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

Name FELIPE AGUIAR  
Street Address (P.O. Box Number is Not Acceptable)  
9400 SOUTH DADELAND BLVD. PH-3  
City MIAMI FL Zip Code 33156

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

FELIPE AGUIAR, V.P.

(NOTE: Registered Agent signature required when reinstating)

1/30/02  
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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GUMA, VIRGILIO<br>9400 SOUTH DADELAND BLVD PH-3<br>MIAMI FL 33156 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>GUMA, VIRGILIO<br>9400 SOUTH DADELAND BLVD, PH-3<br>MIAMI, FL 33156             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>JOHANNA MARIE GUMA-AGUIAR<br>9400 SOUTH DADELAND BLVD, PH-3<br>MIAMI, FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VICE PRESIDENT<br>FELIPE AGUIAR<br>9400 SOUTH DADELAND BLVD, PH-3<br>MIAMI, FL 33156        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02  
Date

305-218-1972  
Daytime Phone #

CR2E034 (9/01)