

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91882 049 \*\*\*150.00

DOCUMENT # **POT000010931**

1. Entity Name

**GPA Properties Inc.**



**DO NOT WRITE IN THIS SPACE**

**90129051**

2. Principal Place of Business

**9400 S. Dadeland Blvd.**

3. Mailing Address

**9400 S. Dadeland Blvd.**

Suite, Apt. #, etc.

**PH 3**

Suite, Apt. #, etc.

**PH 3**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-1073781**

Applied For

Not Applicable

Zip

**33156**

Country

**USA**

Zip

**33156**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Johanna Guma-Aguar**

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

**9400 S. Dadeland Blvd.**

**PH 3**

City **MIAMI**

**FL**

Zip Code

**33156**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 <b>P</b>	<b>Johanna M. GUMA-Aguar</b>	TITLE	
NAME		NAME	
STREET ADDRESS	<b>11213 SW 133 Pl</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	CITY-ST-ZIP	
TITLE	<b>VP</b>	TITLE	
NAME	<b>Felipe Aguar</b>	NAME	
STREET ADDRESS	<b>11213 SW 133 Pl</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	
NAME	<b>Virgilio GUMA</b>	NAME	
STREET ADDRESS	<b>9400 S. Dadeland Blvd PH3</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33156</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03 (186) 255-9449**

Date

Daytime Phone #

CR2E034B (12/02)