07-09-2003 90042 005 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018413

1. Entity Name
GC Solutions Corp.

(L) ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4851 NW 103 Avenue	4851 NW 103 Avenue
Suite, Apt. #, etc.: Suite 44C	Suite, Apt. #, etc.: Suite 44C
City & State: Sunrise, Fl	City & State: Sunrise, Fl
Zip: 33351 Country: USA	Zip: 33351 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1081393 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Maria Perez

Street Address (P.O. Box Number is Not Acceptable): 4851 NW 103 Avenue Suite 44C

City: Sunrise FL Zip Code: 33351

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: _____ Registered Agent 07/03/03

(Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) 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	PD
NAME	Maria Perez
STREET ADDRESS	4851 NW 103 Avenue Suite 44C
CITY-ST-ZIP	Sunrise, Fl 33351
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 other like empowered.

SIGNATURE: _____ President 07/03/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #