

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

DOCUMENT # P01000027795

1. Entity Name  
G. C. F. & Sons, Corp.

87089

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
105-1086024

5. Certificate of Status Desired  \$8.75 Additional Fee Per page

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number if Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_

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.

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

10. Election Corporation Finances (See Instructions)  \$5.00 Max Per Corporation

11. OFFICERS AND DIRECTORS		
TITLE	NAME	STREET ADDRESS
NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS
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NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS
NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information on this report or supporting report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a duly authorized officer or trustee empowered to execute this report as required by Chapter 380, Florida Statutes, and have my name approved by the Secretary of State.

SIGNATURE: [Signature]

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

*J. Haehnert*  
87089

DOCUMENT # **P01000027795**

1. Entity Name  
**G.C.F. & SONS, CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6980 NW 186 ST**

3. Mailing Address  
**6980 NW 186 ST**

Subs. Apt. #, etc.  
**#127**

City & State  
**MIAMI**

Zip  
**FL 33015-8305**

4. FEI Number  
**65-1086024**

5. Certificate of Status Desired  \$4.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **GUILLERMO CAYO**

Street Address (P.O. Box Number is Not Acceptable)  
**6980 NW 186 ST #127**

City **MIAMI** FL **33015-8305**

**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.

SIGNATURE *[Signature]*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
See criteria on back.

10. Election Campaign Contribution  \$5.00 (See Instructions)

11. OFFICERS AND DIRECTORS:

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRESIDENT	GUILLERMO CAYO	6980 NW 186 ST #127	MIAMI FL 33015-8305
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption states in Section 119.074(3)(b), Florida Statutes. I declare under penalty of perjury that the information 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, Florida Statutes, and I am duly sworn to do so. I am attaching with an address, with all other like empowered.

SIGNATURE: *[Signature]* 5/16/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR