

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000060971

1. Entity Name
GENERAL BREAKERS AND PANELS, INC.



FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90126 001 ***158.75

Principal Place of Business
2222 PONCE DE LEON BLVD., PH
CORAL GABLES FL 33134

Mailing Address
2222 PONCE DE LEON BLVD., PH
CORAL GABLES FL 33134

2. Principal Place of Business
12360 S.W. 132 Court

3. Mailing Address
12360 S.W. 132 Court

Suite, Apt. #, etc.
Suite 113

Suite, Apt. #, etc.
Suite 113

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number 65-1117133

Applied For
Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, MARY LOU RODON ESQ
2222 PONCE DE LEON BLVD., PH
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LICCIARDELLO, ORAZIO
2222 PONCE DE LEON BLVD., PH SUITE
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12360 S.W. 123 Court, Suite 113
Miami, Florida 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 971-3992

Daytime Phone #

CR2E034 (10/02)