

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000069842**

1. Entity Name  
**GENERAL SALES & MARKETING WORLDWIDE, INC.**

Principal Place of Business  
**288 ARAGON AVE., STE. A  
CORAL GABLES FL 33134**

Mailing Address  
**288 ARAGON AVE., STE. A  
CORAL GABLES FL 33134**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

34500  
FILED  
May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90020 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0660683**  Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROMAN, MARCELO  
288 ARAGON AVE., STE. A  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

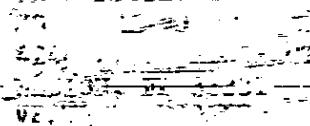
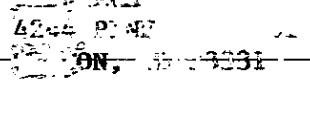
DATE

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

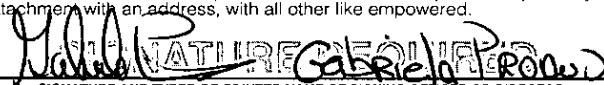
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

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 |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT</b><br><b>MARCELO ROMAN<br/>9930 SW 142 ST.<br/>MIAMI, FL 33176</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                |                                                                                     | <input type="checkbox"/> Delete |                                                | <b>VICE PRESIDENT (VP)</b><br><b>JOSE PROANO<br/>4244 PINCE RIDGE<br/>WESTON, FL 33331</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP/T</b><br><b>GABRIELA PROANO<br/>4244 PINE RIDGE CT<br/>WESTON, FL 33331</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                |                                                                                     | <input type="checkbox"/> Delete |                                                |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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"/> Change <input type="checkbox"/> Addition            |
|                                                |                                                                                     | <input type="checkbox"/> Delete |                                                |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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"/> Change <input type="checkbox"/> Addition            |
|                                                |                                                                                     | <input type="checkbox"/> Delete |                                                |                                                                                            | <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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR-03-02 305445 9603**

Date

Daytime Phone #

CR2E034 (9/01)