

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90362 047 ***150.00

DOCUMENT # P01000081680

1. Entity Name
GSMIA CORP.

Principal Place of Business
100 BAYVIEW DR., STE. 1805
SUNNY ISLE BEACH FL 33160

Mailing Address
100 BAYVIEW DR., STE. 1805
SUNNY ISLE BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7000 ISLAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1005

City & State

City & State

AVENTURA, FL

Zip

Country

Zip

Country

33160

DADE

4. FEI Number

☒ Applied For
☐ Not Applicable

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

BODZIN, GARY A
3050 AVENTURA BLVD., #300
AVENTURA FL 33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ANDRADE, WERNER SPECK 100 BAYVIEW DR., #1805 SUNNY ISLES BEACH FL 33160 AVENTURA	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

WERNER SPECK, JR. 4/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)