

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085494

1. Entity Name
G M BROTHERS, INC.

Principal Place of Business
525 N.W. 129TH WAY
PEMBROKE PINES FL 33028

Mailing Address
525 N.W. 129TH WAY
PEMBROKE PINES FL 33028

2. Principal Place of Business
14505 COMMERCE WAY
Suite, Apt. #, etc.
512
City & State
MIAMI LAKES, FL
Zip
33016
Country
USA

3. Mailing Address
14505 COMMERCE WAY
Suite, Apt. #, etc.
512
City & State
MIAMI LAKES, FL
Zip
33016
Country
USA

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90038 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133994
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCONDES, GILNEI
525 N.W. 129TH WAY
PEMBROKE PINES FL 33028
7. Name and Address of New Registered Agent
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. ☐ **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	D MARCONDES, GILNEI 525 N.W. 129TH WAY PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCONDES, GILNEI 14505 COMMERCE WAY #512 PEMBROKE PINES FL 33016 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIAS, RAIMUNDO M 525 N.W. 129TH WAY PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARIAS, RAIMUNDO MARCO 14505 COMMERCE WAY #512 PEMBROKE PINES FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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, without other and empowered.

SIGNATURE: GILNEI MARCONDES 01/15/2002 305-8236267
Signature, typed or printed name of signing officer or director Date Daytime Phone #

0158206 AV

CR2E034 (9/01)