

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90252 036 ***150.00

DOCUMENT # P01000085494

1. Entity Name
G M BROTHERS, INC.



Principal Place of Business
14505 COMMERCE WAY
512
MIAMI LAKES FL 33016

Mailing Address
14505 COMMERCE WAY
512
MIAMI LAKES FL 33016

2. Principal Place of Business
525 NW 129th way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 260849
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number **65-1133994**

Applied For
☒ **Not Applicable**

Zip **33028** **Country** **USA**

Zip **33026** **Country** **USA**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Gilnei MARCONDES

(NOTE: Registered Agent signature required when reinstating)

04/14/2003
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

TITLE **D** ☐ **Delete**
NAME **MARCONDES, GILNEI**
STREET ADDRESS **14505 COMMERCE WAY # 512**
CITY-ST-ZIP **PEMBROKE PINES FL 33016**

TITLE **D** ☐ **Delete**
NAME **FARIAS, RAIMUNDO M**
STREET ADDRESS **14505 COMMERCE WAY # 512**
CITY-ST-ZIP **PEMBROKE PINES FL 33016**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **Gil MARCONDES**
STREET ADDRESS **525 NW 129th way**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE **VICE-PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **MARCIO FARIAS**
STREET ADDRESS **525 NW 129th way**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

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

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

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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gil MARCONDES

Date

04/14/2003

Daytime Phone #

954-928056

CR2E034 (10/02)