

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

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90196 003 \*\*\*150.00

DOCUMENT # **PD1000088192**

1. Entity Name

**G.P.S. & ASSOCIATES**

**DO NOT WRITE IN THIS SPACE**

**80128498**

2. Principal Place of Business

**2980 W 84 STREET**

3. Mailing Address

**2980 W. 84 STREET**

Suite, Apt. #, etc.

**BAY #7**

Suite, Apt. #, etc.

**BAY #7**

City & State

**HALEAH FL**

City & State

**HALEAH FL**

4. FEI Number

**65-1143965**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name -

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**DIANE PALMER**

*Diane Palmer*

**7-8-02**

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GUEVARA, FRANCISCO SR 6301 N. UNIVERSITY DR 219 TAMARAC FL 33321</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD GUEVARA, ENRIQUE J 16445 S.W. 54TH MIAMI FL 33185</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD DIANE PALMER 17605 S.W. 6 STREET Pembroke Pines, FL 33029</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD NANCY PEREZ 10035 SW 51TH MIAMI FL 33165</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Diane Palmer*

**7-8-02 954-721-1111**

Date

Daytime Phone #

CR2E034B (12/01)



P.O. BOX 25763 / Tamarac, FL 33320-5763  
954.721.1111 | information@dataonetech.com

www.dataonetech.com

Attachment  
Document #  
PO1000088192  
BD128498

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

7/8/02

To Whom It May Concern,

Please be advised that GPS & Associates never received the first request to file the UBR Report with your Department. We have received the 2<sup>nd</sup> request which is enclosed along with the payment of \$150.00. Please note the changes within our organization.

Thank you,

A handwritten signature in cursive script that reads "Diane Palmer".

Diane Palmer

A stylized logo consisting of the letters "D" and "O" in a large, outlined font, with a small graphic element to the left.

DATA COLLECTION  
CONSULTANTS  
FOR THE WIRELESS  
COMMUNICATIONS  
INDUSTRY

# 2002 UNIFORM BUSINESS REPORT (UBR)

B0128498

0096900  
AV

**DOCUMENT #** P01000088192

**1. Entity Name**  
G.P.S. & ASSOCIATES, INC.

**Principal Place of Business**  
6301 N UNIVERSITY DR #219  
FT LAUDERDALE FL 33321

**Mailing Address**  
6301 N UNIVERSITY DR #219  
FT LAUDERDALE FL 33321

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**Attachment**

[Redacted]

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

PEREZ, NANCY  
10035 SW 51ST TERR  
MIAMI FL 33165

**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** \_\_\_\_\_ (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 \$550.00**  
After September 13, 2002 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUEVARA, DARA P 10035 SW 51ST TERR MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUEVARA, ENRIQUE J 929 NW 123RD AVE MIAMI FL 33182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAZAR, DULCE 15127 NW 87TH PLACE HIALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, NANCY 10035 SW 51 TERR MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 REQUIRED

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #

CR2E034 (4/02)