2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 25 AM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~06/25/03--01056--001 **550.00~~

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06/25/03--01056--001 **550.00

DOCUMENT # P02000015223

1. Entity Name
GECU ENTERPRISES, INC.

Principal Place of Business
7819 N DALE MABRY HWY STE 201
TAMPA, FL 33614

Mailing Address
~~7819 N DALE MABRY HWY STE 201~~
~~TAMPA, FL 33614~~

2. Principal Place of Business
11282 W. Hillsborough Ave
Suite, Apt. #, etc.
City & State: TAMPA FL
Zip: 33635 Country: USA

3. Mailing Address
11282 W. Hillsborough Ave.
Suite, Apt. #, etc.
City & State: TAMPA
Zip: 33635 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 43-2017928 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CUBILLOS, GERMAN
7819 N DALE MABRY HWY STE 201
TAMPA, FL 33614

7. Name and Address of New Registered Agent
Name: ROSA CHAVARRIA
Street Address (P.O. Box Number is Not Acceptable): 11282 W. Hillsborough Ave
City: TAMPA FL Zip Code: 33635

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: Rosa M Chavarria — 5-30-03
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CUBILLOS, GERMAN STREET ADDRESS 7819 N DALE MABRY HWY STE 201 CITY-ST-ZIP TAMPA, FL 33614	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD NAME CUBILLOS, GERMAN STREET ADDRESS 7819 N DALE MABRY HWY STE 201 CITY-ST-ZIP TAMPA, FL 33614	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME CUBILLOS, JONNY A STREET ADDRESS 7819 N DALE MABRY HWY STE 201 CITY-ST-ZIP TAMPA, FL 33614	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PV NAME HERNANDO CUBILLOS STREET ADDRESS CALLE 78 #809, APT 402 CITY-ST-ZIP BOGOTA, COLUMBIA S.A.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE V/S NAME ANA M. CUBILLOS STREET ADDRESS CALLE 78 #809, APT 402 CITY-ST-ZIP BOGOTA, COLUMBIA S.A.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 6/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

06/25