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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11282 W. HILLSBOROUGH AVE Suite, Apt. #, etc.	11282 W. HILLSBOROUGH AVE. Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA
Zip: 33635 Country: USA	Zip: 33635 Country: USA

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	7. Name and Address of New Registered Agent
CUBILLOS, GERMAN 7819 N DALE MABRY HWY STE 201 TAMPA, FL 33614	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 DATE: 5-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUBILLOS, GERMAN 7819 N DALE MABRY HWY STE 201 TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CUBILLOS, GERMAN 7819 N DALE MABRY HWY STE 201 TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CUBILLOS, JONNY A 7819 N DALE MABRY HWY STE 201 TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV HERNANDO CUBILLOS CALLE 78 #809 APT 402 BOGOTA, COLUMBIA S.A.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S ANA M. CUBILLOS CALLE 78 #809, APT 402 BOGOTA, COLUMBIA S.A.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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