³2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2003 8:00 am Secretary of State

UNIFORM	BUSINESS	REPORT	r (UBR	l)	si. Secreta	ary of S	tate	
DOCUMENT # P02000051320 1. Entity Name GENERAL SERVICES 5050, INC.					03-20-2003	90095 025 ***1	50.00	
Principal Place of Business 16561 NW 5TH ST. PEMBROKE PINES FL 33028		Mailing Address 16561 NW 5TH ST. PEMBROKE PINES FL 33028						
2. Principal Place of Business 2225 CORDOBA BEND		3. Mailing Address 2225 COVCDOBA BEND			, (6831991, 111 Allto 11911 68111 99111	. 88411 88164 84181 11348 11118	WBH P1 1811	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State WESTON, FLORIDA		City & State WESTON, FLORIDA		4.	FEI Number 03-0444699	Applied For Not Applicable		
		33327	Country		. Certificate of Status Desired	\$8.75 Ad	ditional	-
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
				Name VASQUEZ. TOEL V.				
VASQUEZ, JOÉL V			Street Address (P.O. Box Number is Not Acceptable)					
16561 NW 5TH ST.			Siteer Address (P.O. Box Number is Not Acceptable)					
PEMBROKE PINES FL 33028			1	2225 CORDOBA BEND				
			City	WESTON FL 33327				
The above named entity sub the obligations of registered	mits this statement for the pu	rpose of changing its re	gistered office o	r registered a	agent, or both, in the State of Flori	da. I am familiar with,	and accept	1
SIGNATURE Signature, typed or printed name of register/ul agent and title if goodfaller (NOTE: Registered Agent aignature required when remaining) DATE O 3-/7-2003 DATE							3	
Signature, typed or prin	led name of registered agent and title if	icanica (NOTE:	Hegistered Agent signa	ture required when	1 reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00		``				ncino	O May Be	-
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S		State			Trust Fund Contribution.		to Fees	
10.	OFFICERS AND DIRECT		11.	⊤ ρ ^	ADDITIONS/CHANGES TO OFFIC			ړ∤
TITLE P VASQUEZ, JO	FI V	☐ Defete	TITLE NAME	W 50	Wez Toel V.	Change	Addition Addition	200
STREET ADDRESS 16561 NW 5TI			NAME STREET ADORESS	2225	WEZ, JOE V. WADOBA BEND			15
CITY-ST-ZIP PEMBROKE PI			CHY-ST-ZIP	WEST	ON, FL. 33327	,		8
TITLE V		☐ Delete	TITLE	V		Change	Addition	18
, ·	_ 55.55		, NAME	VASQU	uef bocio		_	١٢
	16561 NW 5TH ST. STRE		STREET ADDRESS	2225	25 COKDOBA GEND			
CITY-ST-ZIP PEMBROKE PI	NES FL 33028		CITY-ST-ZIP	WEST	FON, FL. 33327			
TITLE		☐ Delete	TITLE			. Change	Addition	}
NAME CORET ADDRESS			STREET ADDRESS					
NUMBER ALBERT NAME OF THE PARTY			■ STREET AND HESS	1				4

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplemented reports rue 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 employed 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGN AXIDE SIGNING OF SIGNING OF

<u>03-17-2003 (954)6600988</u>

Daytime Phone a

☐ Change

☐ Change · ☐ Addition

Addition