


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

03-20-2003 90095 025 \*\*\*150.00

**DOCUMENT # P02000051320**

1. Entity Name  
**GENERAL SERVICES 5050, INC.**



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 CORDOBA BEND**

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

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

Zip  
**33327**

Country  
**USA**

Zip  
**33327**

Country  
**USA**

6. Name and Address of Current Registered Agent

**VASQUEZ, JOEL V  
16561 NW 5TH ST.  
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name  
**VASQUEZ, JOEL V.**

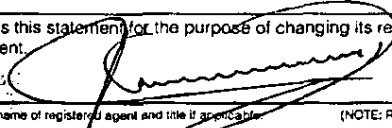
Street Address (P.O. Box Number is Not Acceptable)  
**2225 CORDOBA BEND**

City  
**WESTON**

FL

Zip Code  
**33327**

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  DATE **03-17-2003**

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VASQUEZ, JOEL V 16561 NW 5TH ST. PEMBROKE PINES FL 33028</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VASQUEZ, ROCIO 16561 NW 5TH ST. PEMBROKE PINES FL 33028</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VASQUEZ, JOEL V. 2225 CORDOBA BEND WESTON, FL 33327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VASQUEZ ROCIO 2225 CORDOBA BEND WESTON, FL 33327</b>	<input checked="" 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
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

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:  DATE **03-17-2003** (954) 6600988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)