2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058763

1. Entity Name

GOPE ENTERPRISES, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90953 035 ***150.00

					WE THE						
Principal Place of Business 126 HIALEAH DRIVE HIALEAH FL 33010			Mailing Address 126 HIALEAH DRIVE HIALEAH FL 33010								
2. Principal F	Place of Busine	ess	3. Mailing Add	3. Mailing Address							
Suite, Apt.	t. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			Number	5071	Ar	oplied For	
Zip Country			Zip	Zip Country		5. Cert	01-072		\$8.75 Add		
\$ -	6. Name	and Address of Currer	nt Registered Agen	t	,	7 Nam	e and Address of Nev	v Registered	Fee Require	a	
					Name				, .g		
VARGAS,	YADINA			Street Ad			ss (P.O. Box Number is Not Acceptable)				
	eah drive	·		Gardi Addios			tumber is Not Necepta				
HIALEAH,	FL 33010										
					City			FL	Zìp Cod	е	
	tions of registe	submits this statement agent.						,	familiar with,	and accept	
		3.	nt and title it applicable.	(NOTE: Register	red Agent signature requir	ed when reinstal	ing)	DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department					 Election Campaign Trust Fund Contribution 	٠.		0 May Be I to Fees	
10.	1_	OFFICERS AN	D DIRECTORS	11		ADDIT	IONS/CHANGES TO C	FFICERS AN	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENA, SYLV 17511 NW MIAMI FL 3	88 AVE			i i				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARGAS, Y 3495 W 2NI HIALEAH FI	D AVE			i				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VARGAS, Y 3495 W 2NI HIALEAH FI	D AVE						The second secon	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES VARGAS, YA 3495 W 2NI HIALEAH FL	D AVE							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP									☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				cit	ME EET ADDRESS Y-ST-ZIP				☐ Change	Addition	
of the cor	i on this report rporation or the	information supplied wi or supplemental report receiver or wite see em inment with an address	is true and accurate powered to execute	e and that my signa this report as requ	iture shall have the	same legal	l effect as if made unde	er oath: that L:	am an officer a	or director L	

SIGNATURE:

NATIONAL TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3//63 385-885-6233