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

Mailing Address

MIAMI FL 33186

3. Mailing Address

Suite, Apt. #, etc.

13961 S.W 109TH STREET

## DOCUMENT # P02000081781

1. Entity Name

MIAM! FL 33186

GERMA PRODUCTS INC.

Principal Place of Business

13961 S.W 109TH STREET

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90058 021 \*\*\*150.00

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7. Name and Address of New Registered Agent



CHECK HERE IF MAKING CHANGES

Per 2 2 7 Applied For

City & State

4. FEI Number 7 4- 3056283

Zip Country

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARILLAS, GERARDO 13961 S.W 109TH STREET MIAMI FL 33186

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

FL Zip Code

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 .

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

Name

City

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

☐ Addition

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME BARILLAS, GERARDO NAME STREET ADDRESS 13961 S.W 109TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/3/03

305-256-1402 Daylime Phone # ORZE034 (10/0Z)