

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90140 031 ***150.00

DOCUMENT # P02000119041

1. Entity Name
GMCR GROUP, INC.



Principal Place of Business
**361 JEFFERSON AVENUE
UNIT 1
MIAMI BEACH FL 33139**

Mailing Address
**361 JEFFERSON AVENUE
UNIT 1
MIAMI BEACH FL 33139**



2. Principal Place of Business
14 N.E. 1st Avenue

Suite, Apt. #, etc.
suite 717

City & State
MIAMI - FL

Zip
33132

Country
USA

3. Mailing Address
14 N.E. 1st Avenue

Suite, Apt. #, etc.
suite 717

City & State
MIAMI - FL

Zip
-33132

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
37-1450628

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLO, GONZALO M
361 JEFFERSON AVENUE
UNIT 1
MIAMI BEACH FL 33139**

change →

7. Name and Address of New Registered Agent

Name
MARQUEZ, GONZALO

Street Address (P.O. Box Number is Not Acceptable)
14 NE. 1st AVENUE, ~~MIAMI~~

suite 717

City **MIAMI** FL Zip Code **33132**

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]*

GONZALO MARQUEZ, DIRECTOR

01/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Delete
NAME **CASTILLO, GONZALO M**
STREET ADDRESS **361 JEFFERSON AVENUE #1**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MARQUEZ, GONZALO**
STREET ADDRESS **14 NE. 1st AVENUE, #717**
CITY-ST-ZIP **MIAMI - FL - 33132**

TITLE **S** ☐ Change ☒ Addition
NAME **EMARQUEZ, CRISTINA R.**
STREET ADDRESS **14 N.E. 1st AVENUE, #717**
CITY-ST-ZIP **MIAMI - FL - 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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] **CRISTINA MARQUEZ** **01/27/03** **(305) 793-0747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)