

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35376

1. Entity Name

GEHN ENTERPRISES LTD. COMPANY

Principal Place of Business

4 COLUMBUS CENTER
WICKHAMS CAY. ROAD TOWN
TORTOLA. B. VIRGIN ISLANDS

Mailing Address

701 BRICKELL AVE.
SUITE 850
MIAMI FL 33131-2851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN S
701 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

CT. CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD.

City

PLANTATION

FL

Zip Code
33324

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.

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MANSFIELD, ABDIEL ☐ Delete
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY-ST-ZIP PISO NO.10 PANAMA 1, R D P

TITLE S
NAME ZARAK DE LA GUARDIA, LUIS CARLOS ☐ Delete
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY-ST-ZIP PISO NO.10 PANAMA 1, R D P

TITLE AS
NAME LEDEZMA, HERIBERTO ☐ Delete
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY-ST-ZIP PISO NO.10 PANAMA 1, R D P

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305-381-8340

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90022 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

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