

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90120 031 ***150.00

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
801 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
16th Floor

City & State

City & State
Miami, FL.

Zip

Country

Zip
33131

Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT. CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 PLANTATION FL 33324**

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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

3/21/02

Date

305-381-8340

Daytime Phone #

CR2E034 (9/01)