

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90074 043 \*\*\*550.00

**DOCUMENT # P92000000898**

1. Entity Name

**GCI IMPERIAL INVESTMENT CORP.**

Principal Place of Business

Mailing Address

C/O GENERAL CABLE 360 CENTRAL AVENUE  
 SUITE 1290  
 ST. PETERSBURG FL 33701  
 US

C/O GENERAL CABLE 360 CENTRAL AVENUE  
 SUITE 1290  
 ST. PETERSBURG FL 33701  
 US

2. Principal Place of Business

3. Mailing Address

1120 Pinellas Bayway  
 Suite, Apt. #, etc.  
 #201

1120 Pinellas Bayway  
 Suite, Apt. #, etc.  
 #201

City & State  
 Tierra Verde FL  
 Zip  
 33715  
 Country  
 USA

City & State  
 Tierra Verde FL  
 Zip  
 33715  
 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3162942**

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

**CUETO, AGUSTIN**  
**360 CENTRAL AVE.**  
**ST. PETERSBURG FL 33701**

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 \_\_\_\_\_ (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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUETO, AGUSTIN</b>	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Agustin Cueto* **SIGNATURE REQUIRED** 5/8/00 (727) 906-4700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)