

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000898

1. Entity Name

GCI IMPERIAL INVESTMENT CORP.

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-21-2002 91153 009 ***150.00

95434



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1120 PINELLAS BAYWAY
 201
 TIERRE VERDE FL 33715
 US

Mailing Address
 1120 PINELLAS BAYWAY
 201
 TIERRE VERDE FL 33715
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3162942**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CUETO, AGUSTIN
 1120 PINELLAS BAYWAY #201
 TIERRE VERDE FL 33715

7. Name and Address of New Registered Agent
 Name: **CUETO, OLGA**
 Street Address (P.O. Box Number is Not Acceptable)
1120 PINELLAS BAYWAY
201
 City **TIERRE VERDE** FL Zip Code **33715**

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 *Olga Cueto* (NOTE: Registered Agent signature required when reinstating) DATE **6/12/02**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Olga Cueto* **4-23-02** **727-906-4700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

5/21/2002-91153-009-\$150.00-\$150.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/12/02

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CITY-ST-ZIP	TIERRE VERDE FL 33715	
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NAME		
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SIGNATURE:

Signature and typed or printed name of signing officer or director

4-23-02

Date

727-906-4700

Daytime Phone #

CR2E034 (9/01)