

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90261 037 ***550.00

MEADIR AV

DOCUMENT # P93000081794

1. Entity Name
G.A. EQUIPMENT, INC.

Principal Place of Business Mailing Address

13781 SW 74TH ST **13781 SW 74TH ST**
MIAMI FL 33183 **MIAMI FL 33183**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

65-0463496 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEL BUSTO, GENARO
13781 SW 74TH ST
MIAMI FL 33183

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	DEL BUSTO, GENARO
STREET ADDRESS	13781 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33183
TITLE	D <input type="checkbox"/> Delete
NAME	DEL BUSTO, ARMANDO
STREET ADDRESS	13781 SW 74TH ST
CITY-ST-ZIP	MIAMI FL 33183
TITLE	D <input type="checkbox"/> Delete
NAME	DEL BUSTO, SUSANA
STREET ADDRESS	13781 S.W. 74TH ST.
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **X** *Genaro Del Busto* **SIGNATURE REQUIRED** **GENARO DEL BUSTO** **8/29/01 (305) 382-7745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)