

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017907

1. Entity Name

GSS IMPORT EXPORT, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90155 044 \*\*\*158.75

Principal Place of Business

14351 SW 116 TERRACE  
MIAMI FL 33186  
US

Mailing Address

10201 HAMMOCKS BLVD  
SUITE 153  
MIAMI FL 33196-3787  
US

2. Principal Place of Business

3. Mailing Address

10201 HAMMOCKS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 153/470

City & State

City & State  
MIAMI FL.33196-3787

4. FEI Number 65-0471098

Applied For

Not Applicable

Zip

Country

Zip

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMY, NAZIH  
14351 SW 116 TERRACE  
MIAMI FL 33186

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, 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 **DP** ☐ Delete  
NAME **CHAMY, NAZIH**  
STREET ADDRESS **14351 SW 116TH TERR**  
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **VP** ☐ Delete  
NAME **CHAMY, MARGARY**  
STREET ADDRESS **14351 SW 116 TERR**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ 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:

*Signature of Nazih Chamy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 10 / 2000 305-382-6363

Date

Daytime Phone #

CR2E034 (9/99)