

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030263

1. Entity Name

GNT MARKETING, CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90004 008 ***150.00

Principal Place of Business

Mailing Address

141 N.E. 3RD AVE.
SUITE 205
MIAMI FL 33132

141 N.E. 3RD AVE.
SUITE 205
MIAMI FL 33132-2221

2. Principal Place of Business

3. Mailing Address

1970 NE 153RD ST Bay 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 19

City & State
North Miami Beach

City & State

Zip
33162

Country
Dade

Zip

Country

4. FEI Number 65-0483487

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

DE SOUZA, LUIS PAULO S
141 N.E. 3RD AVE.
SUITE 205
MIAMI FL 33132

Name

George Brito

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

407 Lincoln Rd #50

City

Miami Beach

FL

Zip Code

33139

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

01-19-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPD
DA CUNHA, PEDRO BRUNO JR
141 NE 3RD AVENUE, SUITE 205
MIAMI FL 33132 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DE SOUZA, LUIS PAULO
141 N.E. 3RD AVE., #205
MIAMI FL 33132 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-19-2000 305-534

CR2E034 (9/99)