

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000087474**1. Entity Name
G.I.P. CONSTRUCTION MANAGEMENT INC.Principal Place of Business
333 PALERMO AVE
CORAL GABLES FL 33134 US
Mailing Address
333 PALERMO AVE
CORAL GABLES FL 33134 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0538062

Applied For

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 AgentCORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211

PALM BEACH GARDENS FL 33418 US

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

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

(NOTE: Registered Agent signature required when reinstating)

02/28/2001

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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	S	PEREZ NORMA M	333 PALERMO AVE CORAL GABLES FL 33134	☐ Delete
	PD	GUSTAVE PEREZ I	333 PALERMO AVE CORAL GABLES FL 33134	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP	☐ Change	☒ Addition
	S	PEREZ NORMA MVP	333 PALERMO AVE CORAL GABLES FL 33134		☒ Change	☐ Addition
	PD	GUSTAVE PEREZ IPRES.	333 PALERMO AVE CORAL GABLES FL 33134		☒ Change	☐ Addition
					☐ Change	☐ Addition
					☐ Change	☐ Addition
					☐ 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: Gustave I. Perez

Pres

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)