FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089806

1. Entity Name

GILDAMRIC CORP.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
312 S.E. 17TH STREET	
Suite, Apt. #, etc.: SECOND FLOOR	Suite, Apt. #, etc.
City & State: FT.LAUDERDALE, FL 33316	City & State
Zip: 33316 Country	Zip Country

4. FEI Number: 061416353 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAMASO W. SAAVEDRA

Street Address (P.O. Box Number is Not Acceptable): 312 S.E. 17TH STREET

2MD FLOOR

City: FORT LAUDERDALE **FL** Zip Code: 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR
NAME	GIL HYATT
STREET ADDRESS	989 NE 45TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33316
TITLE	VICE PRESIDENT/DIRECTOR
NAME	DAMAASO W. SAAVEDRA
STREET ADDRESS	312 S.E. 17TH STREET, 2ND FLOOR
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33316
TITLE	SECRETARY/TREASURER/DIRECTOR
NAME	RICARDO CADENAS
STREET ADDRESS	609 KENTLAND DRIVE
CITY-ST-ZIP	GREAT FALLS, VA 22066
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01/30/03 954 767 6333

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

DAMASO W. SAAVEDRA VP/D