2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000019153** May 30, 2000 8:00 am Secretary of State **GMCC CORPORATION** 05-30-2000 90085 039 ***550.00 Principal Place of Business Mailing Address 5300 W. JACKSON ST. 5300 W. JACKSON ST. PENSACOLA FL 32506-5333 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3321885 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIESTA, CORAZON H Street Address (P.O. Box Number is Not Acceptable) 21 SOUTH 72ND AVENUE PENSACOLA FL 32506 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Addition TITLE TITLE FIESTA, CORAZON H NAME NAME STREET ADDRESS STREET ADDRESS 21 SOUTH 72ND AVENUE CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32506 Change Addition | Delete TITLE LIND, LEON P. NAME LINO, LEON P NAME 454 SOUTH TENDAVE STREET ADDRESS STREET ADDRESS 454 SOUTH 72ND AVE CITY-ST-7IP PENSACOLA. FL 32506 CITY-ST-ZIP PENSACOLA FL 32506 TITLE Delete TITLE Change ... ☐ Addition-HAYAG, GUILLERMOT. HAYAG, GUILLERMO T NAME SGTO KEYSTONE RD. STREET ADDRESS 5670 KEYSTONE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 ■ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 'NAME ' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED

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