

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028821

1. Entity Name
G. AMAT BOBCAT SERVICES INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90001 022 ***150.00

Principal Place of Business Mailing Address
280 N.W. 125TH AVENUE 280 N.W. 125TH AVENUE
MIAMI FL 33182 MIAMI FL 33182

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 65-0578974 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

AMAT, GERARDO V
280 N.W. 125TH AVENUE
MIAMI FL 33182

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME AMAT, GERARDO V
STREET ADDRESS 280 N.W. 125TH AVENUE
CITY-ST-ZIP MIAMI FL 33182
TITLE STD
NAME AMAT, ACELA G
STREET ADDRESS 280 N.W. 125TH AVENUE
CITY-ST-ZIP MIAMI FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

TITLE T
NAME AMAT, JAVIER
STREET ADDRESS 280 NW 1256TH AVE
CITY-ST-ZIP MIAMI FL

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-13-00

Date

305-2264473

Daytime Phone #

CR2E034 (5/00)

Attachment
DTP9500028821
0073611

July 18, 2000

Department of State
Division of Corporation
Annual Report Department

Re: G. Amat Bobcat Services Inc.

To whom it may concern:

Our client states that they never received their annual form.

They will appreciate if late fee is waved.

Please excuse any inconvenience this might have caused.

If you have any question please feel free to contact us at (305) 252-4635.

Thanking you in advance,


JESUS A. RUBALCABAL
PRESIDENT