

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081189

1. Entity Name

G. E. VINYL, INC.

Principal Place of Business

9104 NW 106 ST
MEDLEY FL 33178
US

Mailing Address

2724 WEST 79TH STREET
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ETABLY, GUSTAVO
2724 WEST 79 STREET
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name AMERICAN INFORMATION SERVICES, Inc

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

ONE S.E. third AVENUE 28TH FLOOR

City Miami

FL

Zip Code
33131

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

Gustavo A. Etably

GUSTAVO A. ETABLY

4-25-2001

Signature, type, 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 \$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 PD ☐ Delete
NAME ETABLY, GUSTAVO
STREET ADDRESS 2724 WEST 79TH STREET
CITY-ST-ZIP HIALEAH FL 33016

TITLE V ☐ Delete
NAME CIRIACI, PIERGIORGIO
STREET ADDRESS 6811 FALCON GATE AVE
CITY-ST-ZIP DAVIE FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 employment.

SIGNATURE: Gustavo A. Etably

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2001

Date

305-362-5959

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90292 033 ***150.00

BU050918



DO NOT WRITE IN THIS SPACE

4. EEI Number 65-0623479 ☐ Applied For
☐ Not Applicable

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

0099354

CR2E034 (10/00)