

2002 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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90010 043 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0623479	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC
ONE SE THIRD AVE
28TH FLOOR
MIAMI FL 33131

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 \$150.00
After May 1, 2002 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
NAME: ETABLY, GUSTAVO
STREET ADDRESS: 2724 WEST 79TH STREET
CITY-ST-ZIP: HIALEAH FL 33016

Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

Change Addition

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

Delete

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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

4-25-02 305-362-5PSP

Date

Daytime Phone #

CR2E034 (9/01)