

2000 UNIFORM BUSINESS REPORT (UBR)

3/7/00-90044-009-\$158.75-\$158.75

DOCUMENT # P95000097426

1. Entity Name

GENERAL BUSINESS RESOURCES OF FLORIDA, INC.

FILED

00 MAR 30 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00033542



DO NOT WRITE IN THIS SPACE

Principal Place of Business

88 S RIVER DR
MIAMI FL 33130

Mailing Address

10050 SW 51 TERR
MIAMI FL 33165-7106

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0632679

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CMV DISTRIBUTORS
10050 SW 51 TERR
MIAMI FL 33165
MASZTAL, CARL L. ESQ.
1491 NW N. RIVER DR
MIAMI FL 33125

Name **MASZTAL, CARL L. ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
1491 NW N. RIVER DR

MIAMI FL 33125

City **MIAMI** State **FL** Zip Code **33125**

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

3-23-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HERNANDEZ, VIVIAN**
CITY- ST- ZIP **10050 SW 51 TERR
MIAMI FL 33165**

TITLE ☒ Delete
NAME **M**
STREET ADDRESS **HERNANDEZ, MANNY**
CITY- ST- ZIP **10050 SW 51 TERR
MIAMI FL 33165**

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

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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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-00 305-271-2133

CR20034 (9/99)