2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State
02-14-2001 90005 023 ***150.00

DOCUMENT # P96000009286

1. Entity Name
G.D.P. USA CORPORATION

Principal Place of Business	Mailing Address
~~4546 SW 142 PLACE~~ ~~MIAMI FL 33175~~	~~4546 SW 142 PLACE~~ ~~MIAMI FL 33175~~

J24U32Y

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10239 N.W. 51 LN	10239 N.W. 51 LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL. 33178	City & State: MIAMI, FL. 33178
Zip: 33178 Country	Zip: 33178 Country

4. FEI Number 65-0719804 ☐ 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
LAW FIRM OF MANFRED ROSENOW PA 2425 CORAL WAY MIAMI FL 33145	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SGANGA, RAQUEL S 4546 SW 142 PLACE MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SGANGA RAQUEL 10239 N.W. 51 LN MIAMI FL, 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SGANGA, PIERO 4546 SW 142 PLACE MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. SGANGA PIERO 10239 N.W. 51 LN MIAMI FL. 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VIVIAS, DORIAN 4546 SW 142 PLACE MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. VIVAS DORIAN 10239 N.W. 51 LN MIAMI FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALMOHTADI GIOVANNA 10239 N.W. 51 LN MIAMI FL, 33178	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 1/30/2001 305-7184847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #