

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044111

1. Entity Name

G.D.P. INVESTMENTS, INC.

Principal Place of Business

891 HARBOR DRIVE
KEY BISCAYNE FL 33149

Mailing Address

% ARMANDO LACASA
701 BRICKELL AVE., #1900
MIAMI FL 33131

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 65-0818453

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

LACASA, ARMANDO E
701 BRICKELL AVE., SUITE 1900
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, 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	D	<input type="checkbox"/> Delete
NAME	PARKER, GENARO D	
STREET ADDRESS	891 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, FEDERICO	
STREET ADDRESS	4995 NW 72 AVE., 3RD FLOOR, STE 3-400	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LACASA, ARMANDO	
STREET ADDRESS	701 BRICKELL AVE., #1900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO LACASA, VICE PRESIDENT

Date

1/6/01 (305) 789-2214

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90095 010 ***150.00

C0006342



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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