

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90053 012 ***150.00

DOCUMENT # P96000082973

1. Entity Name

GHESA ENGINEERING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2 OFFICE PARK DRIVE
STE 7A
PALM COAST FL 32137
US

P.O. BOX 351316
PALM COAST FL 32135-1316

2. Principal Place of Business

ONE CORPORATE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite 1-I

Suite, Apt. #, etc.

City & State

Palm Coast, FLORIDA

City & State

Zip

Country

32137

FLORIDA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3408015

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

KATZ, B. PAUL ESQ.
1 FLORIDA PARK DRIVE NORTH
ATRIUM SUITE
PALM COAST FL 32137

Name

KATZ, B. PAUL ESQ.

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

1 FLORIDA PARK DRIVE NORTH

ATRIUM SUITE

Palm Coast

FL

Zip Code

32137

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

1-20-00

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	C	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ADOLFO G	
STREET ADDRESS	GHESA MAGALLANES 3	
CITY-ST-ZIP	28015 MADRID, SPAIN	
TITLE	PST	<input type="checkbox"/> Delete
NAME	HUTCHINSON, FRANK D	
STREET ADDRESS	63 COVINGTON LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, JESUS R	
STREET ADDRESS	GHESA MAGALLANES 3	
CITY-ST-ZIP	28015 MADRID, SPAIN	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOPEZ, JOAQUIN G	
STREET ADDRESS	GHESA MAGALLANES, 3	
CITY-ST-ZIP	28015 MADRID, SPAIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES J. AIBANO	
STREET ADDRESS	ONE CORPORATE DR. # 1-I	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, FRANK D	
STREET ADDRESS	ONE CORPORATE DR. # 1-I	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 filing 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 person or persons 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

1/17/00

Date

904/445-5210

Daytime Phone #

CR2E034 (9/99)