

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90095 007 \*\*\*155.00

**DOCUMENT # P96000098029**

1. Entity Name

**GORBE INTERNATIONAL, INC.**

Principal Place of Business

19622 DINNER KEY DR  
 BOCA RATON FL 33498  
 US

Mailing Address

19622 DINNER KEY DR  
 BOCA RATON FL 33498-4538  
 US

2. Principal Place of Business

**1720 NW ARCADIA WAY**

3. Mailing Address

**1720 NW ARCADIA WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL.**

City & State

**BOCA RATON, FL. 33432**

4. FEI Number

**65-0719791**

Applied For

Not Applicable

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BEJARANO, JAIME A	19622 DINNER KEY DR.	BOCA RATON FL 33482	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	BEJARANO JAIME	1720 NW ARCADIA WAY	BOCA RATON, FL. 33432	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BEJARANO GRACIE	1720 NW ARCADIA WAY	BOCA RATON, FL. 33432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BEJARANO CAMILO	1720 NW ARCADIA WAY	BOCA RATON, FL. 33432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BEJARANO JUAN	1720 NW ARCADIA WAY	BOCA RATON, FL. 33432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAIMA BEJARANO**

**04/22/00 (561)3611888**

Date

Daytime Phone #

CR2E034 (9/99)