

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101287

1. Entity Name

G M ENTERPRISES OF MIAMI, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90192 027 ***158.75

Principal Place of Business
9050 SW 40 ST.. BAY B
MIAMI FL 33165

Mailing Address
9050 SW 40 ST.. BAY B
MIAMI FL 33165-5343

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0713337**
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

638674

6. Name and Address of Current Registered Agent
MACHIN, GUADALUPE
3910 SW 138TH AVE
MIAMI FL 33175

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
	DP			
	MACHIN, GUADALUPE	3910 SW 138 AVE	MIAMI FL 33175	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Guadalupe Machin* **3/16/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)