

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016294

1. Entity Name

GTFM, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90017 012 ***150.00

Principal Place of Business

11850 APPALOOSA COURT
PORT ST. LUCIE FL 34988

Mailing Address

11850 APPALOOSA COURT
PORT ST. LUCIE FL 34987-3017

016739

2. Principal Place of Business

6662 S US 1

3. Mailing Address

11850 Appaloosa Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie

City & State

PSC

Zip

34952

Country

St Lucie

Zip

34988

Country

St. Lucie

4. FEI Number

65-0742402

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRANDO, MIKE
11850 APPALOOSA COURT
PORT ST. LUCIE, FL 34988

7. Name and Address of New Registered Agent

Name

MIKE MIRANDO

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

11850 Appaloosa Ct

City

PSC K1A

City

FL

Zip Code

34988

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

Michael Mirando PROS 2-15-2000

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 P
NAME MIRANDO, LYNN
STREET ADDRESS 11850 APPALOOSA CT.
CITY-ST-ZIP PT. ST. LUCIE FL 34988

☒ Delete

TITLE VP
NAME MIRANDO, MIKE
STREET ADDRESS 11850 APPALOOSA CT.
CITY-ST-ZIP PT. ST. LUCIE FL 34988

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-2000 561 4640429