

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90015 028 ***150.00

0130439 AT

DOCUMENT # P97000016294

1. Entity Name
GTFM, INC.

Principal Place of Business
6662 SVS 1
PORT SAINT LUCIE FL 34952

Mailing Address
11850 APPALOOSA COURT
PORT ST. LUCIE FL 34988

2. Principal Place of Business

11850 APPALOOSA CT
 Suite, Apt. #, etc.

3. Mailing Address

11850 APPALOOSA CT
 Suite, Apt. #, etc.

City & State

Port St Lucie FLA

City & State

Port St Lucie

Zip

34987

Country

St Lucie

Zip

34987

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **VP** ☐ Delete
 NAME **MIRANDO, MIKE**
 STREET ADDRESS **11850 APPALOOSA CT.**
 CITY-ST-ZIP **PT ST. LUCIE FL 34988**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-17-01 561 489-0441

CR2E034 (5/01)

Attachment

Doc. # P970000/6254
B0062623

Aug 21 2001

To Whom it may Concern:

I received my Renewal Packet for my Corporation papers and within Reading the papers noticed a fee for \$550.00 upon reading this I called your office and spoke to a woman who has been said I needed to let you know that this was the first notice I received about a Renewal. Please know I would like to continue my corp. and I am sending a check for the \$550.00 today.

I appreciate your time and please feel free to call me if you have any Questions
Sincerely M. R. Co

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mt.