

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90187 004 \*\*\*158.75

**DOCUMENT # P97000048911**

1. Entity Name  
**G.H.M. GROUP, INC.**



Principal Place of Business  
**4694 PALM AVENUE  
HIALEAH FL 33012**

Mailing Address  
**4694 PALM AVENUE  
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0764492**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** - Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOMIS, JACOB  
4694 PALM AVENUE  
HIALEAH FL 33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**JACOB GOMIS, V.P.**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/1/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>GOMIS, JACOB</b>	
STREET ADDRESS	<b>5917 SW 114TH AVENUE</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33330</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, BERNABE A</b>	
STREET ADDRESS	<b>1636 SW 18TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MARINOS, TOM</b>	
STREET ADDRESS	<b>800 NE 199TH STREET, D-108</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>HAAKER, ALAN</b>	
STREET ADDRESS	<b>6541 SW 31ST STREET</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>DUPUIS, JOY</b>	
STREET ADDRESS	<b>715 W 50TH ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

**SIGNATURE:**

**JACOB GOMIS, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/03**

Date

**305-821-1281**

Daytime Phone #

CR2E034 (10/02)