2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000073305** Mar 21, 2000 8:00 am 1. Entity Name Secretary of State GBS INVESTMENT INC. 03-21-2000 90057 028 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DR., SUITE 501 601 BRICKELL KEY DR., SUITE 501 MIAMI FL 33131-2652 MIAMI FL 33131-2651 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0778084 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTIERREZ, RENALDY J!** Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., SUITE 501 MIAMI FL 33131-2651 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE DE ARMINO, HECTOR RAUL AL NAME NAME STREET ADDRESS **AVENIDA DE MAYO 881, PISO 3** STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **BUENOS AIRES AR 1084** ☐ Delete ☐ Change Addition **VPS** TITLE TITLE MIROSICH, SILVIA SUSANA NAME NAME AVENIDA DE MAYO 881, PISO 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BUENOS AIRES AR 1084** Addition Change TITLE ☐ Delete TITLE GUTIERREZ, RENALDY J STREET ADDRESS 601 BRICKELL KEY DR, SUITE 501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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 of the corporation or the rece changed, or on an attachmen

SIGNATURE:

Renaldy J. Gutierrez

3/16/2000 (305)

577-4500