## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # **P97000073305** 1. Entity Name GBS, INVESTMENT INC 03-16-2001 90014 029 \*\*\*150.00 Mailing Address Principal Place of Business 601 BRICKELL KEY DR., SUITE 501 601 BRICKELL KEY DR., SUITE 501 BUUDAUUAA MIAMI FL 33131-2651 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 Country \$8.75 Additional Zip Country 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 I Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., SUITE 501 MIAMI FL 33131-2651 Zip Code City FL 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) 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, 2001 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 11. 12. ☐ Delete Change Addition TITLE TITLE NAME NAME DE ARMINO, HECTOR RAUL AL STREET ADDRESS STREET ADDRESS AVENIDA DE MAYO 881, PISO 3 CITY-ST-ZIP CITY-ST-ZIP **BUENOS AIRES AR 1084** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MIROSICH, SILVIA SUSANA STREET ADDRESS STREET ADDRESS AVENIDA DE MAYO 881. PISO 3 CITY-ST-7IP CITY-ST-ZIP **BUENOS AIRES AR 1084\_** ☐ Chánge ☐ Addition ☐.Delete TITLE NAME NAME **GUTIERREZ. RENALDY J** STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR, SUITE 501 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address; with all other like empowered. The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director tas required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

> OFFICILITION DIRECTOR SIGNATURE AND TYPED

☐ Delete

☐ Delete

Renaldy J. Gutierrez

3/14/01 (305)577-4500

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition