

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90536 039 ***150.00

DOCUMENT # P97000073305

1. Entity Name
GBS INVESTMENT INC.



Principal Place of Business
**601 BRICKELL KEY DR., SUITE 501
MIAMI FL 33131-2651**

Mailing Address
**601 BRICKELL KEY DR., SUITE 501
MIAMI FL 33131-2651**



2. Principal Place of Business
601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 201

City & State
Miami, Florida

Zip
33131

Country
USA

3. Mailing Address
601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 201

City & State
Miami, Florida

Zip
33131

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0778084**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUTIERREZ, RENALDY J I
601 BRICKELL KEY DR., SUITE 501
MIAMI FL 33131-2651**

7. Name and Address of New Registered Agent -

Name **Gutierrez, Renaldy J.**
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive
Suite 201
City **Miami** **FL** Zip Code **33131**

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 **Renaldy J. Gutierrez** **1/16/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE **PD** ☐ Delete
NAME **DE ARMINO, HECTOR RAUL AL**
STREET ADDRESS **AVENIDA DE MAYO 881, PISO 3**
CITY-ST-ZIP **BUENOS AIRES AR 1084**

TITLE **VPS** ☐ Delete
NAME **MIROSICH, SILVIA SUSANA**
STREET ADDRESS **AVENIDA DE MAYO 881, PISO 3**
CITY-ST-ZIP **BUENOS AIRES AR 1084**

TITLE **AS** ☐ Delete
NAME **GUTIERREZ, RENALDY J**
STREET ADDRESS **601 BRICKELL KEY DR, SUITE 501**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Alonso de Armino, Hector Raul**
STREET ADDRESS **Avenida de Mayo 881, Piso 3; 1084**
CITY-ST-ZIP **Buenos Aires, Argentina**

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

TITLE **AS** ☒ Change ☐ Addition
NAME **Gutierrez, Renaldy J.**
STREET ADDRESS **601 Brickell Key Drive, Suite 201**
CITY-ST-ZIP **Miami, Florida 33131**

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

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

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renaldy J. Gutierrez **1/16/2003** **(305) 577-4500**
Date Daytime Phone #

CR2E034 (10/02)