2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90153 019 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000051868

Entity Name
G.A.A.P FINANCIAL SERVICES, INC.

Principal Place of Business
2741 Oakbrook Manor
Weston FL 33332

Mailing Address
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162

Principal Place of Business	3. Mailing Address
	16300 NE 19 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite C
City & State	City & State North Miami Beach FL
Zip / Country	Zip 33162 / Country USA

4. FEI Number 65-0892889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, FERNANDO
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name FERNANDO SILVA
Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 Ave Suite C
City North Miami Beach FL Zip Code 33162

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] 4/24/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002, Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUILLERMO ABREAU 2741 OAKBROOK MANOR WESTON FL 33332 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Guillermo Abreau 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #