

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000062433

1. Entity Name
GM SYSTEMS INTERNATIONAL CORP

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90153 020 ***150.00

Principal Place of Business
8249 NW 36TH ST STE 107
MIAMI-FL 33166

Mailing Address

2. Principal Place of Business
8249 NW 36TH ST.

Suite, Apt. #, etc.
107

City & State
MIAMI FL 33166

Zip
33166

Country
MIAMI DADE

3. Mailing Address
8249 NW 36TH ST.

Suite, Apt. #, etc.
107

City & State
MIAMI FL

Zip
33166

Country
MIAMI DADE

4. FEI Number
65-0851541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAVIER LOPERA
1901 SW 37TH AVE
MIAMI FL 33145

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOVANI MORENO 6511 SW 152ND PLACE MIAMI FL 33193 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGDALIS MORENO 6511 SW 152ND PLACE MIAMI FL 33193 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAVIER LOPERA 1901 SW 37TH AVE MIAMI FL 33145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIOVANI MORENO 4/11/2001

Date

Daytime Phone #