

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075664

1. Entity Name

GTS ENTERPRISES GROUP CORP. ✓

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 041 ***150.00

Principal Place of Business

7311 N.W. 12th St. Ste. 2
Miami, FL 33126-1924

Mailing Address

7311 N.W. 12th St. Ste. #2
Miami, FL 33126-1924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867414

Applied

Not App

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7311 N.W. 12th St. Ste. #2
Miami, FL 33126-1924

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Ma
Added to Fe

11. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
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)(b), 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, changed, or on an attachment with an address, with all other like empowered.