

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009316

1. Entity Name
GAC INVESTMENTS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90032 045 ***150.00

Principal Place of Business

Mailing Address

~~9935 N.W. 28 TERR.~~
~~MIAMI FL 33172~~

~~9935 N.W. 28 TERR.~~
~~MIAMI FL 33172~~

2. Principal Place of Business

10199 N.W. 28 TERRACE

3. Mailing Address

305 PEARCE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
JAMESTOWN, NC

4. FEI Number **65-0902896**

Applied For

Not Applicable

Zip
33172

Country
USA

Zip
27282

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, ADA
9935 N.W. 28 TERR.
MIAMI FL 33172

Name
TANIA GOMEZ

Street Address (P.O. Box Number is Not Acceptable)
10199 N.W. 82 TERR.

City **MIAMI** **FL** Zip Code **33172**

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 *Tania Gomez*
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GOMEZ, ADA**
STREET ADDRESS **9935 N.W. 28 TERR.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Change ☐ Addition
NAME **TANIA GOMEZ**
STREET ADDRESS **10199 N.W. 28 TERR.**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(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:

Tania Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TANIA GOMEZ

04/25/01

Date

(305) 553-8080

Daytime Phone #

CR2E034 (10/00)