

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA91000024841**
 1. Entity Name **GPX, INC.**

FILED
 00 JUN -2 AM 10:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9100 NW 36th Street
Ste 109
MIAMI FL 33178

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
 4. FEI Number **65-0906004** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TEDDY L. MONTOTO, Esq.
7721 SW 62ND AVE Ste 101
South Miami, FL 33143

7. Name and Address of New Registered Agent
 Name **VALENTINO DIAZ**
 Street Address (P.O. Box Number is Not Acceptable)
5386 Alton Rd.
 City **MIAMI BEACH** FL Zip Code **33140**

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 May Be Added to Fees**

11. OFFICERS AND DIRECTORS
 TITLE ☐ Delete
 NAME **PRESIDENT / DIRECTOR**
 STREET ADDRESS **VALENTINO DIAZ**
 CITY-ST-ZIP **5386 ALTON RD MIAMI BEACH FL 33140**
 TITLE ☐ Delete
 NAME **VICE PRESIDENT / DIRECTOR**
 STREET ADDRESS **LUIS PEREZ**
 CITY-ST-ZIP **8785 SW 84th STREET MIAMI FL 33173**
 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 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP
 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E034 (9/99)