

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90005 009 ***550.00

0030950 AV

DOCUMENT # P99000024841

1. Entity Name
GPX, INC.

Principal Place of Business

Mailing Address

**9100 N.W. 36TH STREET
SUITE 109
MIAMI FL 33178**

**9100 N.W. 36TH STREET
SUITE 109
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

277 MIRACLE MILE

277 MIRACLE MILE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

SUITE 203

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33134

33134

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DIAZ, VALENTINO
5386 ALTON ROAD
MIAMI BEACH FL 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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DIAZ, VALENTINO
5386 ALTON ROAD
MIAMI BEACH FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PEREZ, LUIS
8785 S.W. 84TH STREET
MIAMI FL 33173**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)