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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am P99000027975 DOCUMENT # Secretary of State 1. Entity Name 02-05-2002 90011 026 \*\*\*150.00 GOMEZ INVESTMENTS INC. Principal Place of Business Mailing Address 3201 NW 27TH AVENUE 3201 NW 27TH AVENUE MIAMI FL 33142 MIAM! FL 33142 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0905921 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOMEZ, REY Street Address (P.O. Box Number is Not Acceptable) 3201 NW 27TH AVENUE **MIAMI FL 33142** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!!- FEE IS-\$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PSTD ☐ Addition TITLE ☐ Delete TITLE ☐ Change GOMEZ, REY NAME NAME 3201 NW 27TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 AND

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Date

Daytime Phone #