FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # P99000034741 1. Entity Name 02-14-2002 90056 024 ***150.00 G.R.C. SYSTEM CORP. Principal Place of Business Mailing Address 21022 SW 125TH CT. RD. 21022 SW 125TH CT. RD. MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0912484 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YEPES, LIDIA Street Address (P.O. Box Number is Not Acceptable) 8315 SW 99TH COURT **MIAMI FL 33173** 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 Fiorida. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Addition ☐ Change ROMERO, GERMAN NAME NAME STREET ADDRESS 21022 SW 125TH CT. RD. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP TITLE SVD ☐ Delete TITLE ☐ Change Addition NAME ROMERO, CARMEN NAME STREET ADDRESS 21022 SW 125TH CT. RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERNANDEZ, JORGE ALBERTO NAME STREET ADDRESS 9972 SW 88 ST. #27 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition RIVERA, CARLOS A NAME NAME STREET ADDRESS 9962 SW 88 ST. #42 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITL F ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

with all other like empowered

nent with an address