

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067746

1. Entity Name

GTS3000, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90009 037 ***150.00

Principal Place of Business

16375 NORTHEAST 18TH AVENUE
SUITE 206
NORTH MIAMI BEACH FL 33162

Mailing Address

16375 NORTHEAST 18TH AVENUE
SUITE 206
NORTH MIAMI BEACH FL 33162-4700

2. Principal Place of Business

1210 WASHINGTON AVENUE
Suite, Apt. #, etc. 260

3. Mailing Address

1210 WASHINGTON AVE
Suite, Apt. #, etc. 260



DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FLORIDA

Zip 33139 Country USA

City & State
MIAMI BEACH FLORIDA

Zip 33139 Country USA

4. FEI Number 65-093-9572

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name FRANCESCO FACILLA

Street Address (P.O. Box Number is Not Acceptable)
4521 LEVON AVENUE APT 209

City MIAMI BEACH FL Zip Code 33139

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 *Francesco Facilla* FRANCESCO FACILLA PRESIDENT 04-13-00
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME FACILLA, FRANCESCO
STREET ADDRESS 16375 NORTHEAST 18TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

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

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TITLE
NAME
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 all other like empowered.

SIGNATURE: *Francesco Facilla* FRANCESCO FACILLA PRESIDENT 04-13-00 305 695-1774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)