| GMI GENERATORS, I | 140. | | | | Seci | retary | | | |
|--|--|--|---|--|---|---|------------|---|---|
| Principal Place of Business 1987 N. AVIARY DRIVE | | Mailing Address 11987 N. AVIARY DRIVE HOLLYWOOD FL 33026 | | | 01-10 |)-2001 9013 ₄ | 4 031 *** | *150.00 | |
| HOLLYWOOD FL 33026 | | HOLETWOOD PL 33026 | | ı | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | | . FEI Number | 65-0939720 | | | pplied For ot Applicable |
| Zip C | ountry | Zip | Country | | . Certificate of St | atus Desired | | 8.75 Ad ee Require | |
| 6. Name and | Address of Current Re | egistered Agent | | 7 | . Name and Add | ress of New Re | gistered A | gent*** | ۰۰ سےختمست |
| | | | Nam | e | | | | | |
| ENRIQUEZ, STEPHEN C 19 WEST FLAGLER STREET | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 600 | | | | | | | | | |
| MIAMI FL 33130 | | | | | | | FL | Zip Coc | le |
| 8. The above named entity sub | mits this statement for t | he purpose of changing its | registered offic | e or registered | agent, or both, in | the State of Flor | ida. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE | ed name of registered agent and | d title if applicable. (NOT | E: Registered Agent si | ignature required who | en reinstating) | | DATE | | |
| | ······································ | T | | | | | | | |
| Signature, Typed or pring. 9. This corporation is eligible t | o satisfy its Intangible | FILE NOW | !!! FEE IS \$15 | 50.00 | 10. Election | Campaign Fina | incing _ | | 00 May Be |
| Signature, typed or prin | o satisfy its Intangible | T | !!! FEE IS \$1: | 50.00 \$550.00 | 10. Election | Campaign Fina | incing _ | | 00 May Be |
| Signature, typed or prin 9. This corporation is eligible to Tax filing requirement and a | o satisfy its Intangible elects to do so. | FILE NOW After MAY 1, 20 Make Check Paya | !!! FEE IS \$1: | 50.00 \$550.00 nent of State | 10. Election | ind Contribution | ancing | Adde | d to Fees |
| 9. This corporation is eligible to Tax filling requirement and a (See criteria on back) 11. IIILE PTD | o satisfy its Intangible lects to do so. OFFICERS AND D | FILE NOW After MAY 1, 20 Make Check Paya | !!! FEE IS \$15 001 Fee will be ble to Departm | 50.00 \$550.00 nent of State | 10. Election Trust Fu ADDITIONS/CHA | NGES TO OFFIC | ancing | Adde | d to Fees |
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1. Entity Name