

**2001 UNIFORM BUSINESS REPORT (UBR)**

01865

**DOCUMENT**

1. Entity Name **990000072259**

**GELMAX CORP.**

**FILED**  
**01 JUL 26 PM 2:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business	Mailing Address
200 S.E. 15 TH ROAD APT # 3A MIAMI, FLORIDA 33129	

2. Principal Place of Business	3. Mailing Address
200 S.E. 15TH ROAD	
Suite Apt #, etc	Suite Apt #, etc
APT # 8 I	
City & State	City & State
MIAMI, FLORIDA	

Zip	Country	Zip	Country
33129	USA	33129	

4. FEI Number	Applied For
65-0979510	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ANGELA VILLALIBRE  
 200 S.E. 15TH ROAD  
 APT # 3A  
 MIAMI, FLORIDA 33129

**7. Name and Address of New Registered Agent**

Name: ANGELA VILLALIBRE  
 Street Address (P.O. Box Number is Not Acceptable): 200 S.E. 15 TH ROAD APT # 8 I  
 City: MIAMI FL Zip Code: 33129

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: Angela Villalibre (NOTE: Registered Agent signature required when reinstating) DATE: 4/23/01

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, 2001, 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	
TITLE: D/P/S	<input type="checkbox"/> Delete
NAME: ANGELA VILLALIBRE	
STREET ADDRESS: 200 S.E. 15TH ROAD APT # 3A	
CITY-ST-ZIP: MIAMI, FLORIDA 33129	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D/P/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANGELA VILLALIBRE	
STREET ADDRESS: 200 S.E. 15 TH ROAD APT # 8I	
CITY-ST-ZIP: MIAMI, FLORIDA 33129	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

100004527561--6  
 -08/09/01--01075--025  
 \*\*\*\*150.00 \*\*\*\*150.00  
 100004527561--6  
 -08/09/01--01075--026  
 \*\*\*\*150.00 \*\*\*\*150.00

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 changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: Angela Villalibre ANGELA VILLALIBRE 4/23/01 (305) 970-7895