

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90212 040 \*\*\*150.00

0252827

**DOCUMENT # P99000085515**

1. Entity Name

**G.M.B.R. SUNCOAST INDUSTRIES CORP.**

Principal Place of Business

~~1890 NORTHWEST 29TH STREET~~  
~~FORT LAUDERDALE FL 33311~~

Mailing Address

~~1890 NORTHWEST 29TH STREET~~  
~~FORT LAUDERDALE FL 33311~~

2. Principal Place of Business

*1001 N.W. 51 Court*

3. Mailing Address

*2 So. University Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Fort Lauderdale FL*

City & State

*Plantation FL*

Zip

*33309*

Country

Zip

*33324*

Country

4. FEI Number

**65-0951833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 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 NAME ☐ Delete  
**PTD GUERRA-RUBIN, ANTONETTE**  
**1890 NORTHWEST 29TH STREET**  
**FORT LAUDERDALE FL 33311**

TITLE NAME ☐ Delete  
**SVD RUBIN, NEIL**  
**1890 NORTHWEST 29TH STREET**  
**FORT LAUDERDALE FL 33311**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
**1001 N.W. 51 Court**  
**Fort Lauderdale, FL 33309**

TITLE NAME ☒ Change ☐ Addition  
**1001 N.W. 51 Court**  
**Fort Lauderdale, FL 33309**

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

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

TITLE NAME ☐ Change ☐ Addition  
 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: *Antonette Rubin Guerra*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANTONETTE RUBIN GUERRA**

Date

Daytime Phone #

CR2E034 (10/00)