

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90113 006 ***158.75

DOCUMENT # P99000086848

1. Entity Name

GOMEZ ENTERPRISES OF MIAMI, INC.

MIAMI LAKES OFFICE PARK, INC.

Principal Place of Business

**3789 WEST 18TH AVENUE
 HIALEAH FL 33016**

Mailing Address

**3789 WEST 18TH AVENUE
 HIALEAH FL 33016**

2. Principal Place of Business

15165 N.W. 77 AVE

3. Mailing Address

15165 N.W. 77 AVE.

Suite, Apt. #, etc.

2002

Suite, Apt. #, etc.

2002

City & State

MIAMI - FL

City & State

MIAMI - FL.

Zip

33014

Country

Zip

33014

Country

4. FEI Number

65-0951551

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONTRERAS, GILBERT
 1401 PONCE DE LEON BLVD.
 SUITE 401
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

CARLOS HERRERA JR.

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

15165 N.W. 77 AVE. Suite 2002

City

MIAMI

FL

Zip Code

33014

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 **PS** ☒ Delete
 NAME **GOMEZ, CARL**
 STREET ADDRESS **8816 NW 143 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33018**

TITLE **VPT** ☒ Delete
 NAME **GOMEZ, SARA**
 STREET ADDRESS **6816 NW 143 TERRACE**
 CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CARLOS HERRERA JR.**
 STREET ADDRESS **15165 N.W. 77 AVE. Suite 2002**
 CITY-ST-ZIP **MIAMI, FL. 33014**

TITLE **SECRETARY** ☐ Change ☐ Addition
 NAME **CARLOS HERRERA JR.**
 STREET ADDRESS **15165 N.W. 77 AVE. Suite 2002**
 CITY-ST-ZIP **MIAMI, FL. 33014**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

305-823-8099

Daytime Phone #

CR2E034 (10/00)