

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089601

1. Entity Name

GMB TRADING, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 91001 042 \*\*\*150.00

Principal Place of Business

16440 S POST RD.  
APT 303  
FORT LAUDERDALE FL 33331

Mailing Address

16440 S POST RD.  
APT 303  
FORT LAUDERDALE FL 33331

2. Principal Place of Business

1112 WESTON RD  
# 123  
City & State  
FT. LAUDERDALE - FL.  
Zip  
33326  
Country  
U.S.A.

3. Mailing Address

1112 WESTON RD  
# 123  
Suite, Apt. #, etc.  
City & State  
FT. LAUDERDALE - FL.  
Zip  
33326  
Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, GERMAN  
8309 NORTHWEST 200TH TERRACE  
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

Name BENITEZ, GERMAN

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

12411 N.W. 15TH PL #19207  
BLD 19

City SUNRISE

FL

Zip Code 33323

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	P	<input checked="" type="checkbox"/> Delete
NAME	BENITEZ, GERMAN	
STREET ADDRESS	16440 S POST RD. APT. 303	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GUERRERO, MARY	
STREET ADDRESS	16440 S POST RD. APT. 303	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, GERMAN	
STREET ADDRESS	12411 NW 15TH PL #19207 BLD 19	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, MARY	
STREET ADDRESS	12411 NW 15TH PL #19207 BLD 19	
CITY-ST-ZIP	SUNRISE FL 33323	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GERMAN BENITEZ

04/19/01

(954) 5577702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

02/5119