

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90024 016 \*\*\*150.00

US30343 AV

**DOCUMENT # P99000089601**

1. Entity Name  
**GMB TRADING, INC.**

Principal Place of Business  
**1112 WESTON RD  
 #123  
 FORT LAUDERDALE FL 33326**

Mailing Address  
**1112 WESTON RD  
 #123  
 FORT LAUDERDALE FL 33326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**434 CONSERVATION DR.**

3. Mailing Address  
**1112 WESTON RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WESTON - FL**

City & State  
**WESTON - FL**

Zip  
**33327**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

4. FEI Number **65-1011576**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BENITEZ, GERMAN  
 12411 NW 15TH PL #19207 BLDG 19  
 SUNRISE FL 33323**

## 7. Name and Address of New Registered Agent

Name **BENITEZ, GERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**434 CONSERVATION DRIVE**

City **WESTON**

FL

Zip Code **33327**

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, 2002 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** ☐ Delete  
 NAME **BENITEZ, GERMAN**  
 STREET ADDRESS **12411 NW 15TH PL #19207 BLDG 19**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **VD** ☐ Delete  
 NAME **GUERRERO, MARY**  
 STREET ADDRESS **12411 NW 15TH PL #19207 BLDG 19**  
 CITY-ST-ZIP **SUNRISE FL 33323**

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 **P** ☒ Change ☐ Addition  
 NAME **BENITEZ, GERMAN**  
 STREET ADDRESS **434 CONSERVATION DRIVE**  
 CITY-ST-ZIP **WESTON - FL - 33327**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **BENITEZ, MARY**  
 STREET ADDRESS **434 CONSERVATION DRIVE**  
 CITY-ST-ZIP **WESTON - FL - 33327**

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

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

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

04/22/02

(97A) 3PSS968

Date

Daytime Phone #

CR2E034 (9/01)