

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90056 034 \*\*\*150.00

**DOCUMENT # P99000093805**

**1. Entity Name**  
**GIE GROUP, INC.**

**Principal Place of Business**

**8282 PINE ROAD**  
**TAMARAC FL 33321**

**Mailing Address**

**8282 PINE ROAD**  
**TAMARAC FL 33321**

**2. Principal Place of Business**

**1070 BLUEWOOD TERR.**

Suite, Apt. #, etc.

**3. Mailing Address**

**1070 BLUEWOOD TERR.**

Suite, Apt. #, etc.

**City & State**

**WESTON FL**

**City & State**

**WESTON FL**

**Zip**

**33327**

**Country**

**USA**

**Zip**

**33327**

**Country**

**USA**

**4. FEI Number**

**65-0956615**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

**RODRIGUEZ, DOMINGO**  
**1988 SACRAMENTO ROAD**  
**WESTON FL 33326**

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

**Name**  
**CLAUDIO VIREA**

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

**1070 BLUEWOOD TERRACE**

**City**

**33327 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**

*Domingo Rodriguez*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**04/10/02**

**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**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>RODRIGUEZ, DOMINGO</b>	
<b>STREET ADDRESS</b>	<b>1988 SACRAMENTO ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>WESTON FL 33326</b>	
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>VIVAS, ANGEL</b>	
<b>STREET ADDRESS</b>	<b>8282 PINE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>TAMARAC FL 33321</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>VIVAS, MARIA</b>	
<b>STREET ADDRESS</b>	<b>8282 PINE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>TAMARAC FL 33321</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CLAUDIO VIREA</b>	
<b>STREET ADDRESS</b>	<b>1070 BLUEWOOD TERR.</b>	
<b>CITY-ST-ZIP</b>	<b>WESTON FL 33327</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ALEJANDRO VIVAS</b>	
<b>STREET ADDRESS</b>	<b>1070 BLUEWOOD TERR.</b>	
<b>CITY-ST-ZIP</b>	<b>WESTON FL 33327</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

Date

Daytime Phone #

**(954) 9075143**

CR2E034 (9/01)