

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90035 013 ***150.00

DOCUMENT # P99000095641

1. Entity Name

~~ORBI METAL CONSTRUCTION USA, INC.~~

GRM ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~3300 N.E. 191 STREET~~
~~SUITE 612~~
~~AVENTURA FL 33180~~

~~3300 N.E. 191 STREET~~
~~SUITE 612~~
~~AVENTURA FL 33180-2442~~

2. Principal Place of Business

9350 S. Dixie Hwy

Suite, Apt. #, etc.

PH 2

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Address

9350 S. Dixie Hwy.

Suite, Apt. #, etc.

PH 2

City & State

MIAMI

Zip

FL

Country

33156

4. FEJ Number

65-0967585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 SOUTH DIXIE HWY.
PH 2
MIAMI FL 33156

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, 2000 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	DP	<input checked="" type="checkbox"/> Delete
NAME	STELLA, CARLOS MARIO	
STREET ADDRESS	3300 N.E. 191 STREET SUITE 612	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	NESTOR PEREZ, ALBERTO	
STREET ADDRESS	3300 N.E. 191 STREET SUITE 612	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STELLA, NESTOR EMIR	
STREET ADDRESS	3300 N.E. 191 STREET SUITE 612	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GRASSI, CARLOS	
STREET ADDRESS	3300 N.E. 191 STREET SUITE 612	
CITY-ST-ZIP	AVENTURA FL 33180	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO A. Roth, President

Date

Daytime Phone #

(305) 670 9994

CR2E034 (9/99)