

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90038 026 ***150.00

DOCUMENT # P99000108562

1. Entity Name

GREAT LAKE VENTURES, INC.

Principal Place of Business

**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

9427 Southwest 138 Place

3. Mailing Address

the same

Suite, Apt. #, etc.

Bldg. 9, Apartment 27

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-1083470

☒ Applied For
☐ Not Applicable

Zip

33186

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
	D	SANCHEZ, ELSIE	343 ALMERIA AVENUE CORAL GABLES FL 33134		PSTD	Cerna, Mario	9427 Southwest 138 Place, Bldg. 9, Apt.27 Miami, Florida 33186
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:

Mario Cerna

25-4-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)