

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109740

1. Entity Name

GOVERNMENT SUPPORT INTERNATIONAL, CORP.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90012 016 ***158.75

Principal Place of Business

Mailing Address

N.W. 64TH ST., BAY #8
FL 33166

8311 N.W. 64TH ST., BAY #8
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

6755 West 24 Court

6755 West 24 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 7 - 14

Bldg 7 - 14

City & State

City & State

Hialeah Gardens, Fl 33016

Hialeah, Fl 33016

Zip

Country

Zip

Country

USA

USA

4. FEI Number

65-0974683

Applied For

Not Applicable

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

~~FERRER, AURA M~~
6755 W. 24TH COURT, #7-14
HIALEAH FL 33016

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P/S/D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ana Lucia Ferrer
STREET ADDRESS	6755 West 24 Court 7-14
CITY-ST-ZIP	Hialeah, Fl 33016
TITLE	V/T/M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aura M. Ferrer
STREET ADDRESS	6755 West 24 Court 7-14
CITY-ST-ZIP	Hialeah, Fl 33016
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manuel S. Garcia
STREET ADDRESS	6755 West 24 Court 7-14
CITY-ST-ZIP	Hialeah, Fl 33016
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:

[Signature]

ANA LUCIA Ferrer

2/17/00

7862025931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)