

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 003 ***150.00

DOCUMENT # 504034

1. Entity Name

G. R. E., INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7441 Wayne Avenue

Suite, Apt. #, etc.

Apt. 15Q

City & State

Miami, FL

Zip

33141

Country

USA

3. Mailing Address

7441 Wayne Ave.

Suite, Apt. #, etc.

Apt. 15Q

City & State

Miami Beach, FL

Zip

33141

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0404221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos R. Latoni

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

8311 SW 142 Ave. # J-205

City

Miami

FL

Zip Code

33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	BPT Rodriguez, Rubi 7441 Wayne Ave. # 15Q Miami Beach, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: x

Rubi Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

(305) 864-9502

Daytime Phone #