

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S84332**

1. Entity Name

GBM MANAGEMENT COMPANY

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90882 047 ***150.00

Principal Place of Business

Mailing Address

**8405 NW 29TH STREET
MIAMI FL 33122**

**SJO-1763 UNIT C-101
1601 NW 97TH AVE
MIAMI FL 33172-2853
US**



DO NOT WRITE IN THIS SPACE

(2.) Principal Place of Business

SAN JOSE, COSTA RICA

3. Mailing Address

61-6155 GBM CORP SANTA ANA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PARQUE EMPRESARIAL FORUM.

SAN JOSE, COSTA RICA

City & State

City & State

FRENTE SANTA ANA 2000

Zip

Country

Zip

Country

COSTA RICA

4. FEI Number **65-0292933**

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

**GONZALEZ, ARMANDO
8405 NW 29TH STREET
MIAMI FL 33122**

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 **DO** ☐ Delete
NAME **GONZALEZ, ARMANDO**
STREET ADDRESS **8405 NW 29TH STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DO** ☐ Delete
NAME **PELLAS, CARLOS F.**
STREET ADDRESS **8405 NW 29TH STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DO** ☐ Delete
NAME **CRUZ, ERNESTO**
STREET ADDRESS **8405 NW 29TH STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DO** ☐ Delete
NAME **DARQUEA, ALFREDO**
STREET ADDRESS **8405 NW 29TH STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BORGONOVO, MAURICIO**
STREET ADDRESS **8405 NW 29TH STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2000 (506) 204-7249
Date
Telephone Number

CR2E034 (9/99)