

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**  
 02-19-2001 90066 039 \*\*\*150.00

0190074

**DOCUMENT # V04001**

1. Entity Name  
**GOMEZCO BUILDING INC.**

Principal Place of Business Mailing Address  
**7100 S.W. 44 STREET 7100 S.W. 44 STREET**  
**MIAMI FL 33155 MIAMI FL 33155**

V 0 4 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0308987** 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

**GOMEZ, ORLANDO**  
**7100 S.W. 44TH STREET**  
**MIAMI FL 33155**

Name **ORLANDO GOMEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7100 SW 44 ST**  
 City **MIAMI FL** Zip Code **33155**

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 *Orlando Gomez* **President** DATE **2/16/01**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	Change	Addition
D	GOMEZ, ORLANDO SR.	1560 CADIZ AVE.	CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
D	GOMEZ, ORLANDO JR	1534 SARRIA AVE	CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
D	GOMEZ, JUAN CARLOS	1560 CADIZ AVE.	CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
D	GOMEZ, SELMA P.	1560 CADIZ AVE.	CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
D	GOMEZ, SELMA M.	1560 CADIZ AVE.	CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Orlando Gomez* DATE **2/16/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)