

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90026 021 ***158.75

DOCUMENT # V37890

1. Entity Name

G & E INTERNATIONAL, CORP.

Principal Place of Business

Mailing Address

782 NW LE JEUNE RD
 SUITE 435
 MIAMI FL 33126
 US

782 NW LE JEUNE RD
 SUITE 435
 MIAMI FL 33126-5549
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0340799

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

VASQUEZ, GONZALO
1594 SPRINGSIDE DRIVE
FORT LAUDERDALE FL 33326

Name **VASQUEZ, GONZALO**
 Street Address (P.O. Box Number is Not Acceptable)

4219 FOX RUN CT.

City **WESTON**

FL

Zip Code **33331**

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 **GONZALO VASQUEZ**

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

(NOTE: Registered Agent Signature Required When Changing)

DATE

04/04/00

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 ☐ Delete
 NAME **DPS**
 STREET ADDRESS **VASQUEZ, GONZALO**
 CITY-ST-ZIP **782 NW LE JEUNE RD SUITE 435 MIAMI FL 33126**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

GONZALO VASQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/04/00 (305) 446-6400

Daytime Phone #

CR2E034 (9/99)