

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90035 010 ***158.75

DOCUMENT # L31583

1. Entity Name
G AND G DELIVERY SERVICES, INC.

Principal Place of Business 13930 NW 60TH AVE MIAMI LAKES FL 33014 US	Mailing Address 13930 NW 60TH AVE MIAMI LAKES FL 33014-3127 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0179261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GVARINO, RICHARD
2330 NASSAU DR.
MIRAMAR FL 33023

7. Name and Address of New Registered Agent
 Name: **Federic F. Baiocchi**
 Street Address (P.O. Box Number is Not Acceptable):
1745 NW 71 AVE.
 City: **Plantation** FL Zip Code: **33313**

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: *Federic F. Baiocchi* - President DATE: **1/6/00**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE: PVST <input checked="" type="checkbox"/> Delete	NAME: GVARINO, RICHARD
STREET ADDRESS: 2330 NASSAU DRIVE	CITY-ST-ZIP: MIRAMAR FL 33023
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: GVARINO, RICHARD
STREET ADDRESS: 2330 NASSAU DRIVE	CITY-ST-ZIP: MIRAMAR FL 33023
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:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Federic F. Baiocchi
STREET ADDRESS: 1745 NW 71 AVE	CITY-ST-ZIP: Plantation, FL 33313
TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Federic F. Baiocchi
STREET ADDRESS: 1745 NW 71 AVE	CITY-ST-ZIP: Plantation, FL 33313
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:
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: *Federic F. Baiocchi* DATE: **1/6/00** DAYTIME PHONE #: **305-942-3705**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)