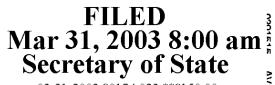
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P0000064757 1. Entity Name G & V PROPERTIES, INC.						03-31-2003 90174 023 ***150.00	
Principal Place 2304 S.MILITAL WEST PALM B			Mailing Address 2304 S.MILITARY TRAIL WEST PALM BEACH FL 33415				
2. Principal Pi	lace of Business	3. Mailing Address				L ROBERTON ALL BURNE DANIE BURNE BORN SURNE SURNE SENIE BERNE HEBBE BENLL LODE 1966	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State)	City & State		4.	4. FEI Number 65-1028185 Applied For Not Applicable		
Zip	Country	Zìp	Cour	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
_ 6 Name and Address of Current Registered Agent			l	7. Name and Address of New Registered Agent			
			ene de la completa d e	Name	ورجيته ت	The second of th	
VERA, GIOMAR				Street Address (P.O. Box Number is Not Acceptable)			
8889 GEORGETOWN LANE BOYNTON FL 33437						***	
BUTNIUN	I FL 33437			-			
				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. 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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
, 10.	OFFICERS AND	DIRECTORS	11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	P VERA, GIOMAR 8889 GEORGETOWN LANE BOYNTON BEACH FL 33437	☐ Delete		i		☐ Change ☐ Addition Section Sec	
TITLE NAME STREET ADDRESS		☐ Delete		NE EET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME	The state of the s	☐ Delete	TITL	I		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STRI	EET ADDRESS Y-ST-ZIP	۰ یون		
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRI	I		· Change Addition	

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 Block 11 if changed, or on an attachment with apaddress, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

☐ Delete

Delete

3-26-03

56/- 965_5494

☐ Change

Change

☐ Addition

Addition