**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 14, 2002 8:00 am Secretary of State P00000071447 DOCUMENT # 1. Entity Name 2 G INVESTMENT, INC. 01-14-2002 90008 041 \*\*\*150.00 Principal Place of Business Mailing Address 809 OLD DIXIE HIGHWAY 809 OLD DIXIE HIGHWAY **RIVIERA BEACH FL 33404** RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 65-1085559 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GHAWALI, JOUDEH J Street Address (P.O. Box Number is Not Acceptable) 809 OLD DIXIE HIGHWAY **RIVIERA BEACH FL 33404** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition GHAWALI, JOUDEH J NAME NAME 809 OLD DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS **RIVIERA BEACH FL 33404** CITY-ST-ZIP CITY-ST-ZIP **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition GHAWALI, JOUDEH J NAME NAME 809 OLD DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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

SIGNATURE:

changed, or on an attachment with an address