

2003
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092999
1. Entity Name **G CONTRACTOR, CORP.**

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-31-2003 90309 001 ***150.00

Principal Place of Business Mailing Address
16300 NE 19 AVE
SUITE C
N. MIAMI BEACH FL 33162

2. Principal Place of Business **3075 NE 190 ST**
Suite, Apt. #, etc. **SUITE 301**
City & State **AVENTURA FL**
Zip **33180** Country **USA**

3. Mailing Address **16300 NE 19 AVE**
Suite, Apt. #, etc. **SUITE C**
City & State **N. MIAMI BEACH FL**
Zip **33162** Country **USA**

4. FEI Number **42-1548727** Applied For
Not Applicable

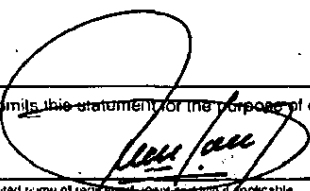
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent:

Name **LUIS F. SILVA**
Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AVE
SUITE C
City **N. MIAMI BEACH** FL **33162**

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

03/28/03

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

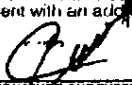
11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	GUSTAVO L. HUESO	
STREET ADDRESS	3075 NE 190 ST SUITE 301	
CITY-STATE-ZIP	AVENTURA FL 33180	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Change ☐ Addition
NAME	GUSTAVO L. HUESO	
STREET ADDRESS	3075 NE 190 ST SUITE 301	
CITY-STATE-ZIP	AVENTURA FL 33180	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/03

CR2E034 (5/00)