

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90528 030 ***150.00

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DOCUMENT # P95000083708

1. Entity Name
G & F II CORP.

Principal Place of Business

**5025 COLLINS AVENUE
 SUITE 1405
 MIAMI FL 33140**

Mailing Address

**395 ALHAMBRA CIRCLE
 SUITE 301
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

703 Kiup ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT A AIT JILL BLAND

City & State

City & State

CHARLESTON S.C.

Zip

Country

Zip

Country

29403

USA

4. FEI Number

13-3624262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOPEZ-GARCIA, JORGE L
 395 ALHAMBRA CIRCLE
 SUITE 301
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	SCEVOLA, FILIPPO	
STREET ADDRESS	5025 COLLINS AVENUE, #1405	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCEVOLA, PAOLA MANFRONI	
STREET ADDRESS	5025 COLLINS AVENUE, #1405	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	SCEVOLA, GIORGIO	
STREET ADDRESS	5025 COLLINS AVE #1405	
CITY-ST-ZIP	MIAMI FL 33140	
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		

TITLE	D P T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEVOLA, FILIPPO	
STREET ADDRESS	5025 COLLINS AVENUE, #1405	
CITY-ST-ZIP	MIAMI, FLORIDA 33140	
TITLE	D VP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEVOLA, PAOLA MANFRONI	
STREET ADDRESS	5025 COLLINS AVENUE, #1405	
CITY-ST-ZIP	MIAMI, FLORIDA 33140	
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: *Filippo Scévola* **SCEVOLA FILIPPO** Date: Feb 15, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)