

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017980

1. Entity Name

G H IMPORT & EXPORT CORPORATION

Principal Place of Business

Mailing Address

8200 LAKESHORE DR.  
#107  
HYPOLUXO FL 33462

8200 LAKESHORE DR.  
#107  
HYPOLUXO FL 33462-6055

2. Principal Place of Business

5738 GREEN ISLAND DR

Suite, Apt. #, etc.

3. Mailing Address

5738 GREEN ISLAND DR

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33463

Country

Zip

33463

Country

4. FEI Number

65-0653848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HORNUNG, GERARDO R  
8200 LAKESHORE DR.  
#107  
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name

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

5738 GREEN ISLAND DR

City

LAKE WORTH

FL

Zip Code

33463

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)

DATE

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, 2000 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HORNUNG, GERARDO  
CITY-ST-ZIP 8200 LAKESHORE DR. #107  
HYPOLUXO FL 33462

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HORNUNG, ROSA E  
CITY-ST-ZIP 8200 LAKESHORE DR. #107  
HYPOLUXO FL 33462

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HORNUNG, MONICA  
CITY-ST-ZIP 8200 LAKESHORE DR. #107  
HYPOLUXO FL 33462

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HORNUNG, GERALDINE  
CITY-ST-ZIP 8200 LAKESHORE DR. #107  
HYPOLUXO FL 33462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5738 GREEN ISLAND DR  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5738 GREEN ISLAND DR  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90058 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

x3/17/00