

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90067 019 ***150.00

C0044432

DO NOT WRITE IN THIS SPACE

DOCUMENT# F 79368

1. Entity Name

G & F EXPORT AND IMPORT INC

Principal Place of Business

2151 NW 13 Ave.
 MIAMI, FL. 33142

Mailing Address

2151 NW 13 Ave.
 MIAMI, FL. 33142

2. Principal Place of Business

100 SW 123 Ave.

Suite, Apt. #, etc.

3. Mailing Address

100 SW 123 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33184

Country

Zip

33184

Country

4. FFL Number

59-2181016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROLA George P.
 100 SW 123 Ave.
 MIAMI, FL. 33184

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

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	P	<input type="checkbox"/> Delete
NAME	FIGUEROLA JORGE	
STREET ADDRESS	100 SW 123 Ave.	
CITY-ST-ZIP	MIAMI, FL. 33184	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIGUEROLA XAVIER	
STREET ADDRESS	100 SW 123 Ave.	
CITY-ST-ZIP	MIAMI, FL. 33184	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIGUEROLA George P.	
STREET ADDRESS	100 SW 123 Ave.	
CITY-ST-ZIP	MIAMI, FL. 33184	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000

Date

Daytime Phone #

CR2E034 (9/99)