

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G07680

1. Entity Name  
**G & G DIRECTORS, INC.**

Principal Place of Business

**53 CURTISS PARKWAY  
MIAMI SPRINGS FL 33166  
US**

Mailing Address

**53 CURTISS PARKWAY  
MIAMI SPRINGS FL 33166  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2236302**

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

**KOMURKA, GINA  
59 CURTISS PARKWAY  
MIAMI SPRINGS FL 33166**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
KOMURKA, GINA  
53 CURTISS PKWY  
MIAMI SPRINGS FL 33166** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

**Gina Komurka Director**

Date

Daytime Phone #

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90021 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



845270/ Attachment  
G 07680  
**CHARMETTE**  
**MODELING AGENCY**

"Since 1954"

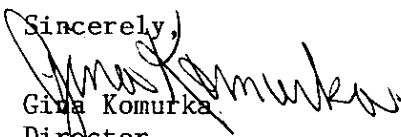
May 1, 2001

Dept. of State  
Division of Corporations

Dear Sirs:

I recently bought out my partners of this corporation and am now the sole owner. I was going to let the corp. desolve, but on talking to personnel in these offices I feel I should ~~retain~~ the corporate statis. I really did not know that I could ~~keep~~ it a corporation being the sole owner! Please accept this fee and filing, so that I can keep the benefits of ~~remaining~~ a corporation in good standing. I truly apologize that I did not understand fully that I can remain a corporation; and I hope you are lenient in accepting this filing so that I can keep my corporation in good standing with the State. I appreciate your understanding. Thank you.

Sincerely,

  
Gina Komurka  
Director