2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G96825

1. Entity Name

GROVITES UNITED TO SURVIVE (GUTS) INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State
01-31-2000 90091 046 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WALTER GREEN 3571 GRAND AVENUE MIAMI FL 33133	C/O WALTER GREEN 3571 GRAND AVENUE MIAMI FL 33133-4924

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 59-2415143 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, WALTER
3571 GRAND AVENUE
MIAMI FL 33133

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREEN, WALTER 3571 GRAND AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Alexander, Dorothy 10315 S.W. 146 Th Terrace Miami, FL. 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GIBSON, THELMA A. 3661 FRANKLIN AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Gibson, James 11220 Washington Blvd. Miami, FL. 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROBERTS, LOUISE F. 3548 FLORIDA AVE MIAMI FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roberts, Helen Louise 3570 Frow Ave Miami, FL 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODS, MAJORIE 3590 PLAZA ST MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, KENNETH L. 3633 DAY AVE MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hamilton, Bertha 3633 Day Ave Miami, FL. 33155	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

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: James A. Gibson James A. Gibson 1-18-2000 (305) 278-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #