## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L

Mailing Address

## DOCUMENT # H92877

1. Entity Name

F & G INVESTMENTS, INC.

Principal Place of Business



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90768 023 \*\*\*150.00

14910 S.W. 74 AVENUE MIAMI FL 33158  2. Principal Place of Business			14910 S.W. 74 AVENUE MIAMI FL 33158  3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City 9 Chart			City & State			4	ESCAL Section Section 1		
City & State			City & State				59-2630650 Not Applicable		
Zìp		Country Zip C		Cour	ntry	5. Certificate of Status Desired See Required Fee Required			
	6Name	and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent		
TDE000	BOOFOT	•		Name					
TRESCOTT 201 ALHAM			Street Address (		ss (P.O. B	Box Number is Not Acceptable)			
STE. 711									
CORAL GA	BLES FL 3	3134			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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department		State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AND	DIRECTORS	TORS 11.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	DPST Farkas, 1 14910 SW MIAMI FL	Frank C. 74th ave.	☐ Delete				☐ Change ☐ Addition		
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	***		☐ Delete		l l		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		······································	Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I		☐ Change ☐ Addition		
indicated o	on this repor	t or supplemental report	is true and accurate and that r	my signat	ture shall have th	ne same l	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 10 or Block 11 if		