

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 040 ***150.00

DOCUMENT # *K 10582*

1. Entity Name

G&S custom SCREENING & EMBROIDERY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

719 SE 3RD COURT.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1712.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DANIA BEACH, FLORIDA

City & State

DANIA BEACH, FLORIDA

4. FEI Number

65-0020749

Applied For

Not Applicable

Zip

33004

Country

BRGWARD

Zip

33004

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT E. LIBERO

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

719 SE 3RD COURT.

City

DANIA BEACH.

FL

Zip Code

33004

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>PD.</i>
NAME	<i>ROBERT E. LIBERO</i>
STREET ADDRESS	<i>719 SE 3RD COURT.</i>
CITY - ST - ZIP	<i>DANIA BEACH, FL 33004.</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002 (954) 922-8353

Date

Daytime Phone #

CR2E0346 (12/01)