## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L31583**

1. Entity Name

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-7IP

G AND G DELIVERY SERVICES, INC.

Principal Place of Business Mailing Address 13930 NW 60TH AVE 13930 NW 60TH AVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-3127 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0179261 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GVARINO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2330 NASSAU DR. MIRAMAR FL 33023 745 NW 71 AUC. 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 . FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PVST ∕** Delete TITLE GVARINO, RICHARD Federic F. Baiocchi NAME STREET ADDRESS STREET ADDRESS 2330 NASSAU DRIVE 1745 NW 71 AVE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 TITLE Delete NAME GVARINO, RICHARD Federic F. Baiocchi NAME STREET ADDRESS STREET ADDRESS 2330 NASSAU DRIVE 1745 NW 71AUR Plantation 1/-1. 33313 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

**Secretary of State** 

03-06-2000 90035 010 \*\*\*158.75

Mar 06, 2000 8:00 am