2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L36312** 1. Entity Name GNG XVI, INC. Principal Place of Business Mailing Address 🚣 ALHAMBRA DR. 🚟 🦈 5504 ALHAMBRA DR. ORLANDO FL 32808-7004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

NELSON, RILEY H

5504 ALHAMBRA DR ORLANDO FL 32808

9. This corporation is eligible to satisfy its Intangible

NELSON, RILEY H.

ORLANDO FL

5504 ALHAMBRA DR.

Tax filing requirement and elects to do so.

(See criteria on back)

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NÀME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATUR

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

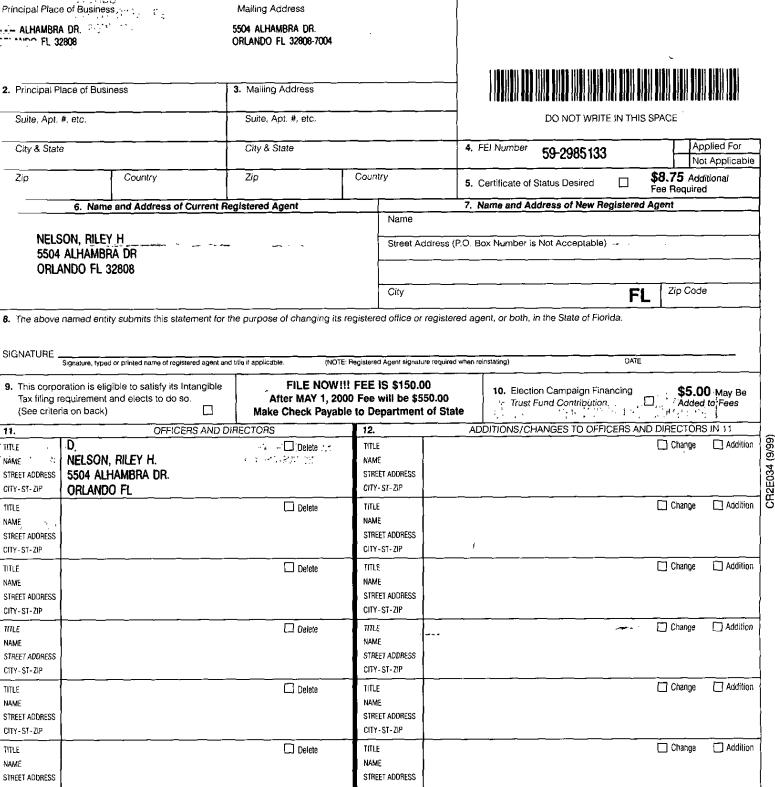
Name

City

Zip

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90069 049 ***150.00



13. I hereby certify that the information supplied with this filling 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 of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if