

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39234

1. Entity Name

G.L.G. TRADING CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90219 044 ***150.00

Principal Place of Business -

Mailing Address

1840 WEST 49TH ST.
STE. 603-3
HIALEAH FL 33012
US

P.O. BOX 126145
HIALEAH FL 33012-1602
US

2. Principal Place of Business

15210 N.W. 89 AVE

3. Mailing Address

P.O. Box 126145

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

Hialeah Fla

Zip

33016

Country

USA

Zip

33012

Country

USA

4. FEI Number

59-2733102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, ANA M.
4490 W. 19TH CT.
#517
HIALEAH FL

Name

ANA M. GARCIA

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

15210 NW 89 AVE

City

Miami

FL

Zip Code

33016

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 reinstating)

DATE

4/4/00

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	P	<input type="checkbox"/> Delete
NAME	GARCIA, ANA M.	
STREET ADDRESS	4490 W. 19 CT., #517	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, NILDA	
STREET ADDRESS	4490 W. 19 CT., #517	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA M. GARCIA	
STREET ADDRESS	15210 NW 89 AVE	
CITY-ST-ZIP	Miami - Fla 33016	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILDA A GONZALEZ	
STREET ADDRESS	15210 NW 89 AVE	
CITY-ST-ZIP	Miami Fla 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

ANA M. GARCIA

Date

4/4/00 305 5586208

Daytime Phone #

CR2E034 (9/99)