2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wi

SIGNATURE AND TYPED OR

SIGNATURE:

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000001238 G & J ACCOUNTING AND DATA, INC. 04-24-2001 90266 046 ***150.00 Principal Place of Business Mailing Address 8833 NE 4TH AVE, ROAD 8833 NE 4TH AVE. ROAD MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address P.O. Box 668015 7390 W Ave. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State (4. FEI Number Applied For 65-0971466 Not Applicable Country VS A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURAN, SAMUEL E Street Address (P.O. Box Number is Not Acceptable) 8833 NE 4TH AVE: ROAD MIAMI SHORES FL 33138~ 34 AVE City Zip Code FL 33018 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 (NQTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITI F ☐ Change Linda M. Duran 7390 W 34 AVE. DURAN, SAMUEL E NAME MAME 8833 NE 4TH AVE. ROAD STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 HIALEAN FL 33018 CITY-ST-ZIP CITY-ST-ZIP Delete M Change Addition TITLE TITLE DUTAN, SAMUEL E. NAME NAME 7390 W 34 AVE. STREET ADDRESS STREET ADDRESS Halcan , +c 33018 CITY-ST-7IP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information surgle and that my signature shall have the same legal effect as if made under oath; that I am an officer or director acute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true of the corporation or stee empowe