

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90213 011 ***158.75

DOCUMENT # P00000005675

1. Entity Name
G.C.G. INTERNATIONAL SERVICES CORP.

Principal Place of Business

**6767 COLLINS AVE
SUITE 1701
MIAMI BEACH FL 33141
US**

Mailing Address

**6767 COLLINS AVE
SUITE 1701
MIAMI BEACH FL 33141
US**

2. Principal Place of Business

6701 Collins Ave.

3. Mailing Address

7721 Miami View DR.

Suite, Apt. #, etc.

LOWER LOBBY # 12

Suite, Apt. #, etc.

House

City & State

MIAMI Beach, FL.

City & State

NORTH BAY VILLAGE, FL

Zip

33141

Country

U.S.

Zip

33141

Country

US

4. FEI Number

65-0974246

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPOS, GERMAN
6767 COLLINS AVE
#1701
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **CAMPOS GERMAN**

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

7721 Miami View DR.

City **NORTH BAY VILLAGE**

FL

Zip Code **33141**

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

German Campos PSD

APR 15/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CAMPOS, GERMAN	
STREET ADDRESS	6767 COLLINS AVE #1701	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPOS, GERMAN	
STREET ADDRESS	7721 Miami View DR.	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	
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		
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:

German Campos PSD

APR 15/02

Date

Daytime Phone

(305) 7512189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)