

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000009209**
 1. Entity Name
G. G RECORD DISTRIBUTION, CORP.

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-21-2001 90009 003 ***150.00

Principal Place of Business

Mailing Address

8691 SW 161 AVE.

same

2. Principal Place of Business

8691 SW 161 AVE

3. Mailing Address

8691 SW 161 AU

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0977059

Applied For

Not Applicable

Country

DADE

Zip

33193

Country

DADE

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

Name

Gilberto Arroyave

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

8691 SW 161 AVE.

City

MIAMI, FL

FL

Zip Code

33193

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]

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

(NOTE: Registered Agent signature required when reinstating)

03/07/2001

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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 **PRESIDENT - TREASURY**
 NAME **GILBERTO ARROYAVE**
 STREET ADDRESS **8691 SW 161 AVE**
 CITY-ST-ZIP **MIAMI, FL 33193**

☐ Delete

TITLE **SECRETARY**
 NAME **GABRIELA MARIA CARDONA**
 STREET ADDRESS **8691 SW 161 AVE**
 CITY-ST-ZIP **MIAMI, FL 33193**

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TITLE **TREASURY**
 NAME **MAILENE TORRES**
 STREET ADDRESS **10441 NW 28 ST**
 CITY-ST-ZIP **MIAMI, FL 33172**

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2001

DATE

305-388-2153

DAYTIME PHONE #

CR2034 (11/00)