FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 17 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009209

1. Entity Name
G & G Record Distribution Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4770 NW 10th ave	2720 Washington ST.
Suite, Apt. #, etc. #306	Suite, Apt. #, etc.
City & State Miami, FL	City & State Hollywood, FL
Zip 33178 Country	Zip 33020 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650977059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gilberto Arroyave

Street Address (P.O. Box Number is Not Acceptable): 2720 Washington ST

City: HOLLYWOOD FL Zip Code: 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 20/04/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $650.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME Gilberto Arroyave STREET ADDRESS 2720 Washington ST CITY-ST-ZIP HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100017549431 04/30/03--01032--004 **150.00
TITLE Sec NAME Gabriela M Cardona STREET ADDRESS 2720 Washington ST CITY-ST-ZIP HOLLYWOOD FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 20/04/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #