9/10/01-90

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-10-2001 90002 035 ***125.00
09-21-2001 90004 001 ***425.00

DOCUMENT # P00000035871

1. Entity Name
G & G OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4850 W. OAKLAND PARK BLVD. LAUDERDALE FL 33313	4850 W. OAKLAND PARK BLVD. LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4850 W OAKL PARK	SAME
Suite, Apt. #, etc. 134	Suite, Apt. #, etc. SAME
City & State LAUDERDALE LAKES FL	City & State SAME
Zip 33313 Country USA	Zip Country

4. FEI Number 65-1000737 ☐ 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
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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 $550.00
After September 12, 2001 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ESPAILLAT, JOSE 4850 W. OAKLAND PARK BLVD. LAUDERDALE FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPAILLAT, LIDIA 4850 W. OAKLAND PARK BLVD. LAUDERDALE FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: Jose Espaillat 9-3-01 954-485-9383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #