

2002
2001 UNIFORM BUSINESS REPORT (UBR)

0613947

DOCUMENT # P00000054535

1. Entity Name
G CAPITAL CORPORATION

FILED

02 JAN 22 AM 10:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5458 GRANDE PALM CIRCLE
DELRAY BEACH FL 33484**

Mailing Address
**5458 GRANDE PALM CIRCLE
DELRAY BEACH FL 33484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1013284

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLSDNINING, MARY-KATHLEEN
9070 KIMBERLY BOULEVARD
SUITE 57
BOCA RATON FL 33434**

Name **Thomas J Benedetto**
Street Address (P.O. Box Number is Not Acceptable)
5458 GRANDE PALM CIRCLE
City **DELRAY BEACH** FL Zip Code **33484**

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 **Thomas J. Benedetto**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Thomas Benedetto
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BENEDETTO, THOMAS J**
STREET ADDRESS **5458 GRANDE PALM CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

☐ Change ☐ Addition
700004852997--1
-02/01/02--01039--013
******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Thomas J Benedetto**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.13.01

Date

561 637 9607

Daytime Phone #

CR2E034 (10/00)