

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0063673 AV

**DOCUMENT #** P00000059694

**1. Entity Name**  
G & G MARKETING VENTURES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 25 PM 2:42

**Principal Place of Business**  
13899 BISCAYNE BOULEVARD  
SUITE 106  
NORTH MIAMI BEACH FL 33181

**Mailing Address**  
13899 BISCAYNE BOULEVARD  
SUITE 106  
NORTH MIAMI BEACH FL 33181



**REINSTATEMENT** 03  
☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 65-1026742

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

**6. Name and Address of Current Registered Agent**  
GOLDSTEIN, STEPHEN J  
13899 BISCAYNE BOULEVARD  
SUITE 106  
NORTH MIAMI BEACH FL 33181

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE *[Signature]* 9/20/03  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	S/D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, STEPHEN J	
STREET ADDRESS	1962 N.E. 119TH ROAD	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, JENNIFER	
STREET ADDRESS	11510 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	GOODMAN, LAWRENCE	
STREET ADDRESS	11510 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, HONI	
STREET ADDRESS	1962 N.E. 119TH ROAD	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		

**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 Block 11, changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **STEPHEN J. GOLDSTEIN** 9/22/03 305-702-6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)