

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91303 037 \*\*\*150.00

**DOCUMENT # P00000065466**

1. Entity Name  
**G.A.N.B. INVESTMENTS INC.**

Principal Place of Business <b>ASHINGTON PARK, 4202 MENDENWOOD LANE          ORLANDO FL 32826</b>	Mailing Address <b>ASHINGTON PARK, 4202 MENDENWOOD LANE          ORLANDO FL 32826</b>
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**657463**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6955 HANGING MOSS ROAD</b>	3. Mailing Address <b>1226 CHERRY VALLEY WAY</b>
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Suite, Apt. #, etc. <b>107</b>	Suite, Apt. #, etc.
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City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO FL</b>	4. FEI Number <b>59-3665621</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32807</b>	Country <b>USA</b>	Zip <b>32828</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CASTRO-MONTENEGRO, RAFAEL  
 ASHINGTON PARK, 4202 MENDENWOOD LANE  
 ORLANDO FL 32826**

Name **CASTRO-MONTENEGRO, RAFAEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1226 CHERRY VALLEY WAY**  
 City **ORLANDO FL** Zip Code **32828**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>CASTRO-MONTENEGRO, RAFAEL</b> <b>ASHINGTON PARK, 4202 MENDENWOOD LANE</b> <b>ORLANDO FL 32826</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>CASTRO, MARCIA Z</b> <b>ASHINGTON PARK, 4202 MENDENWOOD LANE</b> <b>ORLANDO FL 32826</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: RAFAEL CASTRO-MONTENEGRO 04/27/01 (407) 823-7863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)