2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am DOCUMENT # P0000090765 Secretary of State G & P INVESTMENT GROUP CORP. 02-09-2001 90212 047 ***150.00 Principal Place of Business Mailing Address 7915 EAST DRIVE APT. 1L 7915 EAST DRIVE APT. 1L NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 12249 SW 14 LN Apt 1409 12249 SW 14 LN Apt 1409 City & State 4. FEI Number Applied For 65-1046345 MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 33184 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUERRA, LUIS E. Guerra, Luis e Street Address (P.O. Box Number is Not Acceptable) 7915 EAST DRIVE APT. 1L NORTH BAY VILLAGE FL 33141 12249 SW 14L~ Apt 1409 Zip Code 33/84 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 4 LUIS E. GUERRA (PRESIDENT) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Addition GUERRA, LUIS E 12249 SW 14 LN Apt 1409 **GUERRA. LUIS E** NAME NAME 7915 EAST DRIVE APT. 1L STREET ADDRESS STREET ADDRESS MIAMI FL 33/84 CITY-ST-7IP NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.