

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000099713

1. Entity Name
INVERSIONES G & A INC.



FILED

03 OCT -3 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14018 HERON POND CT.
ORLANDO FL 37824

Mailing Address
14018 HERON POND CT.
ORLANDO FL 37824

2. Principal Place of Business
911 N main st

3. Mailing Address
Same

Suite, Apt. #, etc. 7 B

Suite, Apt. #, etc.

City & State
Kissimmee Florida

City & State

Zip
32744

Country
U.S.A

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2333000
~~50-3680042~~

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

RODRIGUEZ, ANDREINA
14018 HERON POND CT
ORLANDO FL 32824

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 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RODRIGUEZ, ANDREINA
STREET ADDRESS 2263 SANTA LUCIA
CITY-ST-ZIP ST KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS 100023550961
CITY-ST-ZIP 10/03/03--01084--012 **150.00 ☐ Change ☐ Addition

TITLE VP
NAME MONTEIL, GUSTAVO
STREET ADDRESS 2263 SANTA LUCIA
CITY-ST-ZIP ST KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

2082

INVERSIONES G & A, INC.
911 N. MAIN STREET
SUITE 7B
KISSIMMEE, FL 34744

September 30th, 2003.

To Whom it May Concern:

This letter is to request that my late fee be excused, since I did not received the notification on time due to that the address you have is not the correct one. My correct address is 911 n main street. Suite 7B Kissimmee, Fl 34744


ANDREINA RODRIGUEZ
PRESIDENT