## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P01000005032 DOCUMENT #

1. Entity Name

GONZALEZ GRADING SERVICES, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90305 003 \*\*\*150.00

				GOD WE TRO			
Principal Place of Business 121 N.W. 5TH AVE HOMESTEAD FL 33030		Mailing Address 121 N.W. 5TH AVE HOMESTEAD FL 33030					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-1069804 Applied For Not Applicable		
Zip 	Country	Zip	Coun	try		\$8.75 Ac	dditional
	5. Name and Address of Curre	ent Registered Agent	<del></del>		7. Name and Address of New Registered A		eu
GONZALEZ, V	VILFREDO JR			Name		tyent .	
121 N.W. 5TH	I AVE		i	Street Address (F	O. Box Number is Not Acceptable)		<del>-</del>
HOMESTEAD	FLT330301	-		;	one our commence of the commen		
me . 				City	FL Zip Code		
<ol><li>The above name the obligations</li></ol>	ned entity submits this statemen of registered agent.	t for the purpose of cha	anging its registere	d office or registere	ed agent, or both, in the State of Florida. I am fa	 amiliar with	and accept
SIGNATURE	iture, typed or printed name of registered ag			<u> </u>			
		ent and title if applicable.	(NOTE: Registered	Agent signature required v	when reinstating) DATE		
" After Ma	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.0 yable to Florida Department	t of State			9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
12-	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
	NZALEZ, JR., WILFREDO	☐ De				☐ Change	Addition
STREET ADDRESS 121	N.W. 5TH AVE		NAME				
	MESTEAD FL 33030			T ADDRESS ST-ZIP			
TITLE DV	CLUANO LOOF LINE	☐ De	lete TITLE			☐ Change	Addition
STREET ADDRESS 121	GUIANO, JOSE LUIS		NAME		•		
CITY-ST-ZIP HOI	N.W. 5TH AVE MESTEAD FL 33030		STREE CITY-5	TADDRESS ST-ZIP			ĺ
TITLE DS		☐ Del	lete TITLE			☐ Change	Addition

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NAME

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STREET ADDRESS

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CITY-ST-ZIP

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SIGNATURE: 1

GONZALEZ, LUZ F

121 N.W. 5TH AVE

HOMESTEAD FL 33030

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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Daytime Phone #

☐ Change

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☐ Addition

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