

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90054 004 ***150.00

DOCUMENT # P01000012883

1. Entity Name

G & A ENTERPRISES OF WEST PALM BEACH, INC.

Principal Place of Business

**202 NORTH B STREET
 LAKE WORTH FL 33460**

Mailing Address

**202 NORTH B STREET
 LAKE WORTH FL 33460**

2. Principal Place of Business

15212 60th PL NORTH

Suite, Apt. #, etc.

3. Mailing Address

15212 60th PL NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

4. FEI Number

65-1085206

Applied For

Not Applicable

Zip

33470

Country

PALM BEACH

Zip

33470

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

UBALDO, ALFONSO

**202 NORTH B STREET
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

LORENA UBALDO

Street Address (P.O. Box Number is Not Acceptable)

15212 60th PL NORTH

City

LOXAHATCHEE

FL

Zip Code
33470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UBALDO, ALFONSO 202 NORTH B STREET LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UBALDO, LORENA 202 NORTH B STREET LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/02
 Date Daytime Phone #

CR2E034 (9/01)