

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90470 007 ***150.00

DOCUMENT # 001000023173

1. Entity Name

GJ'S Merchandise, INC.



DO NOT WRITE IN THIS SPACE

54041648

2. Principal Place of Business

P.O. Box 936443

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 936443

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

65-1082242

Applied For

Not Applicable

Zip

33093

Country

Broward

Zip

33093

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GARRY RIVIERE
900 SW. 9th St Cir # 202
Boca Raton, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DIANE J. RIVIERE
900 SW. 9th St Cir # 202
Boca Raton, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

754-304-3729

Daytime Phone #

CR2E034B (12/02)