2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2002 8:00 am Secretary of State

					<u>-</u>	Secretar	y ur si	iaic
DOCUMENT# P01000028725 1. Entity Name						03-25-2002 901	31 008 ***1:	50.00
G & G 30	000; INÇ.							
Principal Place of Business Mailing Address					_	64VIV		
517 AVENUE	В	517 AVENUE B					~ ~	
MELBOURNE	FL 32951	MELBOURNE FL 32951			- }			
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D. Date of a set	<u> </u>	To allow Address						
2. Principal i	Place of Business	3. Mailing Address				\$ 10011501 IN #5100 11011 40111 40111		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	
City & Sta	te .	City & State		4.	FEI Number 59-372 0	77/6	Applied For Not Applicable	
Zip	Country	Zip=Coun		у	-3.5	Certificate of Status Desired	\$8.75 A	dditionel ired
6. Name and Address of Current Registered Agent					7.	Name and Address of New Regis	lered Agent	
SULTON.	AV BEATOICE		Name	<u></u>				
SOLLOWAY, BEATRICE 517 AVENUE B				Street Add	ress (P.O. I	Box Number is Not Acceptable)		
MELBOURNE FL 32951			ſ					
			ľ	City			FL Zip Co	ode
8. The above	named entity submits this statement for	gent, or both, in the State of Florida.						
SINATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered	Agent signature I	equired when n	winesating)	DATE	
This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.						Τ		
Tax filling requirement and elects to do so. After May 1,			2 Fee will be \$550.00			10. Election Campaign Financia Trust Fund Contribution.		00 May Be ed to Fees
(See criteria on back) Make Check Paya				partment of				
11.	OFFICERS AND I	DIRECTORS Delete	12.		····	DITIONS/CHANGES TO OFFICER	S AND DIRECTO Change	
NAME	GIULIANO, HELEN	 11			L)	□ cuanta	, 100400i
STREET ADDRESS	517 AVENUE B		STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	IT-21P		<u>-</u>		
TITLE NAME	VD Delete I I						Change	Addition
STREET ADDRESS	SOLLOWAY, BEATRICE 5 1517 AVENUE B			ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32951		City-S	1-ZIP				
TITLE	يدوه يدسون المحادث	Delete	TITLE				☐ Change	Addition_
NAME STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP	·		CITY-S	ſ				
TITLE	•	☐ Detete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADORESS CITY-ST-ZIP			CITY-S	ADDRESS T-ZDP			,	}
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STREET ADDRESS			"	ADORESS				1
CITY-ST-ZIP		<u></u>	CITY-ST	- Ar			[7] Chan	Addition
TITLE NAME		☐ Delete	NAME	ł			☐ Change	C MOUNTY
STREET ADDRESS			STREET	ADORESS				1
City-SI-ZIP			CITY-ST					
13. I hereby coindicated	ertify that the information supplied with t on this report or supplemental report is t	his filing does not qualify for t rue and accurate and that m	the exemp	otion stated in e shall have	n Section 1 the same le	19.07(3)(i), Florida Statutes. I furtho egal effect as if made under oath; t	or certify that the i	information r or director

13. Thereby certify that the information supplied with this line and excurate and that my signature shall have the same legal effect as if made under oath; that if 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:

BESTATE WAS SHOWN OF PROTECTOR

03/06/2002 321 409 8800