2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90502 049 ***150.00

DOCUMENT # P01000030490

1. Entity Name
G+G Enterprises of Central Florida, Corp.

Principal Place of Business
2601 Spring Hill Dr.
Kissimmee Fl. 34743

Mailing Address
2601 Spring Hill Dr
Kissimmee, Fl
34743

2. Principal Place of Business
2601 Spring Hill Dr
Suite, Apt. #, etc.

3. Mailing Address
2601 Spring Hill Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	Zip	Country
Kissimmee, Fl	34743	
Kissimmee, Fl	34743	

4. FEI Number 31 1757631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Carmen Y. Melendez
2601 Spring Hill Dr.
Kissimmee, Fl. 34743

7. Name and Address of New Registered Agent
Name Carmen Y. Melendez
Street Address (P.O. Box Number is Not Acceptable) 2601 Spring Hill Dr
City Kissimmee FL Zip Code 34743

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] / Carmen Y. Melendez 4/29/02
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Luis G Torres / 2601 Spring Hill Dr. / Kissimmee, Fl 34743 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Carmen Y. Melendez / 2601 Spring Hill Dr / Kissimmee, Fl 34743 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] Carmen Y. Melendez 4/29/02 (407) 344-8152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #