

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

DOCUMENT # P01000049952

1. Entity Name

G & L BUILDERS, INC.

FILED

02 OCT -7 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700008328927--5

-10/11/02--01027--012

\*\*\*\*\*62.00 \*\*\*\*\*62.00

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

712 NW 133 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

712 NW 133 AVENUE

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number

65-1110298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE A. GOMEZ

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

712 NW 133 AVE

City MIAMI

FL

Zip Code

33184

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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.

SIGNATURE

*[Signature]*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

9/17/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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  
PST  
GOMEZ MARTHA L.  
15771 SW 86 ST  
MIAMI, FL, 33193 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
JOSE A. GOMEZ  
712 NW 133 AVE  
MIAMI, FL, 33184 ☒ Change

TITLE  
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CITY - ST - ZIP

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/02

Date:

Daytime Phone #

CR2E034B (12/01)