

5/28

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-28-2002 91527 025 ***150.00

DOCUMENT # P01000054440

1. Entity Name

G & G MEDICAL SERVICES, INC.

Principal Place of Business

1455 NW 14TH STREET
MIAMI FL 33125

Mailing Address

1455 NW 14TH STREET
MIAMI FL 33125

94540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11300 NW 87TH CT

3. Mailing Address

11300 NW 87TH CT

Suite, Apt. #, etc.

STE 158

Suite, Apt. #, etc.

STE 158

City & State

HIALEAH GARDENS FL

City & State

HIALEAH GARDENS FL

4. FEI Number

65-1113755

Applied For

Not Applicable

Zip

33018

Country

Zip

33018

Country

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

6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R
1455 NW 14TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name **ALBERTO GOMEZ**

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

7802 W 34TH LN #202

City **HIALEAH**

FL

Zip Code
33018

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

ALBERTO GOMEZ

4-26-02

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, 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	PST	<input type="checkbox"/> Delete
NAME	GOMEZ, ALBERTO	
STREET ADDRESS	1455 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, ALBERTO	
STREET ADDRESS	1455 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO GOMEZ	
STREET ADDRESS	7802 W 34TH LN #202	
CITY-ST-ZIP	HIALEAH FL 33018	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CRCE034 (9/01)

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:

4-26-02

Date

Daytime Phone #