

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000091730

1. Entity Name

GGG MANUFACTURER INC.

02 SEP -9 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800007663218--3

-09/11/02--01046--016

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 NW 12 ST

Suite, Apt. #, etc.

3. Mailing Address

701 NW 12 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

Zip 33136 Country US

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MIAMI, FLORIDA

Zip 33136 Country US

4. FEI Number
13-4208308

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GIANCARLOS G. GIRALDO

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

701 N.W. 12 ST

City MIAMI

FL

Zip Code 33136

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, 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)

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 GIANCARLO GIRALDO PD
NAME
STREET ADDRESS 701 N.W. 12 ST
CITY-STATE-ZIP MIAMI, FLA, 33136

TITLE JUAN F. MOSQUERA TD
NAME
STREET ADDRESS 701 NW 12 ST
CITY-STATE-ZIP MIAMI, FLA, 33136

TITLE DANEY M. MENDOZA SD
NAME
STREET ADDRESS 701 NW 12 ST
CITY-STATE-ZIP MIAMI, FLA 33136

TITLE
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13. I hereby certify that the information supplied with this form 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-02

305 887 4185

Date

Daytime Phone #

CR2E034B (12/01)

ps 9/9/02

Attachment

G G G MANUFACTURER CORP..

692 West 29 Street # 9
Hialeah, Florida, 33012

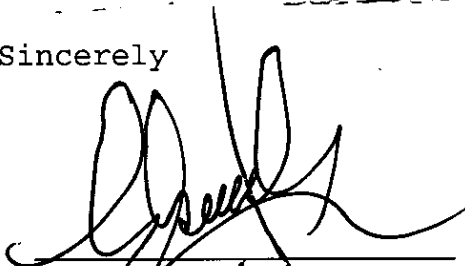
August 21, 2002

Department of State
Division of Corporations

Ref: Document #P01000091730

Thanks for your help as I said in my phone conversation due to a family crisis I have to travel to South America for the last 10 weeks, the person that I left in charge have no idea of the importance of this renewal and besides the slow that are the business now I must sort the incompetence of my employee, please accept my payment for the renewal of 2002.

Sincerely



Giancarlo G. Giraldo
PRESIDENT