

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 028 ***550.00

DOCUMENT # P01000101242

1. Entity Name

G.G.G. INVESTMENT GROUP CORPORATION

Principal Place of Business

**C/O LEONARDO D. GRAVIER
 150 ALHAMBRA CIRCLE, SUITE 800
 CORAL GABLES FL 33134**

Mailing Address

**C/O LEONARDO D. GRAVIER
 150 ALHAMBRA CIRCLE, SUITE 800
 CORAL GABLES FL 33134**

2. Principal Place of Business

**c/o Leonardo D. Gravier
 Suite, Apt. #, etc.
 261 Alhambra Circle, Ste 901
 City & State
 Coral Gables, Florida
 Zip
 33134**

3. Mailing Address

**c/o Leonardo D. Gravier
 Suite, Apt. #, etc.
 261 Alhambra Circle, Ste 901
 City & State
 Coral Gables, Florida
 Zip
 33134**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1145635

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE A
 150 ALHAMBRA CIRCLE
 SUITE 1270
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**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	D	<input type="checkbox"/> Delete
NAME	GARFUNKEL, RAFAEL AUGUSTO	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 800	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARFUNKEL, DIEGO MAXIMO	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 800	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARFUNKEL, ALEJANDRA P	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 800	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garfunkel, Rafael Augusto	
STREET ADDRESS	150 Alhambra Circle, Ste 1270	
CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D, S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garfunkel, Diego Maximo	
STREET ADDRESS	150 Alhambra Circle, Ste 1270	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garfunkel, Alejandra Paula	
STREET ADDRESS	150 Alhambra Circle, Ste 1270	
CITY-ST-ZIP	Coral Gables, FL 33134	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02
 Date

305-445-6600
 Daytime Phone #

CR2E034 (9/01)