

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90123 002 ***150.00

DOCUMENT # P01000104807

1. Entity Name
G & CARRANZA CORPORATION



Principal Place of Business
5218 N ORANGE BLOSSOM TRAIL #206
ORLANDO FL 32810

Mailing Address
5218 N ORANGE BLOSSOM TRAIL #206
ORLANDO FL 32810



2. Principal Place of Business

1400 N. SEMORAN BLVD.

3. Mailing Address

366 WATERSIDE DR.

Suite, Apt. #, etc.

G

Suite, Apt. #, etc.

204

City & State

ORLANDO, FL

City & State

ALTAMONTE SPRINGS

Zip

32807

Country

ORANGE

Zip

32701

Country

SEMINOLE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3752870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUICHON, MATIAS

5218 N ORANGE BLOSSOM TRAIL #206

ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

366 WATERSIDE DR.

Apt. 204

City

ALTAMONTE SPRINGS

FL

Zip Code

32701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GUICHON, MATIAS**
STREET ADDRESS **5218 N ORANGE BLOSSOM TRAIL #206**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **366 WATERSIDE DR. #204**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

02/05/03

Date

407-331-7985

Daytime Phone #

CR2E034 (10/02)