2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000110381

1. Entity Name

G & G SECURITY ENGINEERING, INC.



FILED Apr 24, 2003 8:00 am } Secretary of State

04-24-2003 90224 011 ***150.00

Principal Place of Business 22210 FRESNO TERRACE BOCA RATON FL 33433 Mailing Address 22210 FRESNO TERRACE BOCA RATON FL 33433 BOCA RATON FL 33433										
2. Principal Place of Business 1580 NW 15 th AV. 3. Mailing Address NW 15					γ.) (88)/88/ /// 88/Y) (18/) 88/II 66	ii to ioi 11001 ii			
Suite, Apt. #, etc. Suite, Apt. #, etc. #16						CHECK HERE	IF MAKING	CHANGES		
BOLD RATON FL BOLD RATON				. <i>†=1</i>		4. FEI Number 65-1154050			plied For t Applicable	
Zin	86 Country	234X6	Count			5. Certificate of Status Desired		8.75 Add	litional	
<u>'''' </u>	6. Name and Address of Current R	tegistered Agent				7. Name and Address of New R	egistered A	ent		
GBS CONSULTANTS 1290 WESTON RD STE 210 WESTON FL 33326					Name Street Address (P.O. Box Number is Not Acceptable)					
WESTON	FL 33320			City			FL	Zip Code	9	
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 Fir Trust Fund Contributio	~ —		0 May Be to Fees	
10.	OFFICERS AND D		11.			ADDITIONS/CHANGES TO OFF	ICEDS AND	NIDECTOR	2 IN 11	
TITLE	PSC*	Delete	TITLE			ADDITIONS/CHANGES TO OFF			Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ, ROGELLO I 22210 FRESNO TERRACE BOCA RATON FL 33433	□ Delete	NAME STREE					Grange		
TITLE NAME STREET ADDRESS	VTD GONZALEZ, ROGELLO A 22210 FRESNO TERRACE	☐ Delete						Change	☐ Addition	
TITLE NAME	BOCA RATON FL 33433	☐ Delete	TITLE		·	,		Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE		1 V	,.		Change	Addition	

12. Thereby certify that the information supplied with this filling 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 in address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #