

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90114 010 \*\*\*150.00

DOCUMENT # *P01000117246*

1. Entity Name

G & C USA CORP.



**DO NOT WRITE IN THIS SPACE**

**90063691**

2. Principal Place of Business  
55 W. 29 St.

3. Mailing Address  
55 W. 29 St.

Suite, Apt. #, etc.  
Suite 1

Suite, Apt. #, etc.  
Suite 1

City & State  
Hialeah, Fl.

City & State  
Hialeah, Fl.

4. FEI Number  
41-2024457

Applied For  
Not Applicable

Zip Country

Zip Country

33012

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Heredio Gonzalez**

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

55 W. 29 St. # 1

City **Hialeah**

**FL**

Zip Code  
33012

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

**Heredio Gonzalez.**

**3-24-2003**

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
Cachaldora Carlos  
55 W. 29 St. # 1  
Hialeah, Fl. 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
Gonzalez Blanca  
55 W 29 St. # 1  
Hialeah, Fl. 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
Heredio Gonzalez  
55 W. 29 St. # 1  
Hialeah, Fl. 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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 on an attachment with an address with all other like empowered.

SIGNATURE: *Heredio Gonzalez* **Heredio Gonzalez SD** **3-24-2003**

**3-24-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)