

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0313898 AV

DOCUMENT # P02000010711

1. Entity Name
CG ENTERPRISES, INC.



04-24-2003 90130 036 ***150.00

Principal Place of Business
5975 S.W. 137 AVENUE
APT. 804
MIAMI FL 33183

Mailing Address
5975 S.W. 137 AVENUE
APT. 804
MIAMI FL 33183



2. Principal Place of Business
9227 S.W. 138 PLACE

3. Mailing Address
9227 S.W. 138 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL.

City & State
MIAMI, FL

4. FEI Number
43-1949154

Applied For
Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GNOCCHI, CARLOS P
5975 S.W. 137 AVENUE
APT. 804
MIAMI FL 33183

Name
GNOCCHI, CARLOS P.
Street Address (P.O. Box Number is Not Acceptable)
9227 S.W. 138 PLACE
City MIAMI FL Zip Code 33186

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 CARLOS P. GNOCCHI

[Signature]

APR. 21, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GNOCCHI, CARLOS P
STREET ADDRESS 5975 S.W. 137 AVENUE
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE PD
NAME GNOCCHI, CARLOS P.
STREET ADDRESS 9227 SW 138 PLACE
CITY-ST-ZIP MIAMI, FL. 33186 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, without other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 21, 2003 (305) 926-5047

Date

Daytime Phone #

CR2E034 (10/02)