

10111084

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000017534			
1. Entity Name G-FORCE INC.			
Principal Place of Business 6410 MAIN ST., #6204 MIAMI LAKES, FL 33014		Mailing Address 6410 MAIN ST., #6204 MIAMI LAKES, FL 33014	
2. Principal Place of Business 17000 N. Bay Rd. Suite, Apt. #, etc. # 1406 City & State Sunny Isles FL Zip 33160 Country USA		3. Mailing Address 17000 N. Bay Rd. Suite, Apt. #, etc. # 1406 City & State Sunny Isles, FL Zip 33160 Country USA	
			
		☒ CHECK HERE IF MAKING CHANGES	
		EEI Number 02-0603327	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, MICHELLE A 6410 MAIN ST., #6204 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Michelle Rivera-Spann Street Address (P.O. Box Number is Not Acceptable) 17000 N Bay Rd # 1406 City Sunny Isles FL Zip Code 33160	
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 <u>Michelle Rivera-Spann</u> <u>Director</u> <u>8/13/03</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SPANN, GREGORY 6410 MAIN ST., #6204 MIAMI LAKES, FL 33014 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR Michelle Rivera-Spann 17000 N Bay Rd # 1406 Sunny Isles FL 33160 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME 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, with all other like empowered.			
SIGNATURE: <u>Michelle A. Rivera-Spann</u> <u>Director</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>8/13/03</u> <u>9549145472</u> Date Daytime Phone #	

Attachment

G-FORCE INC.
17000 N. BAY RD. #1406
SUNNY ISLES, FL 33160
TEL: 954-914-5472 FAX: 786-274-7150

10/11/08

P02000017534

August 13, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: G-FORCE INC. UBR FILING
DOCUMENT # P02000017534

To Whom It May Concern:

Please find enclosed the Uniform Business Report with the \$150.00 filing fee. I am requesting that the \$400.00 penalty fee be waived since the report was never received.

Sincerely,



Michelle Rivera-Spann
Director, G-Force Inc.