

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/21/2003-91121-001-\$8.75-\$8.75 *
4/21/2003-91121-002-\$150.00-\$150.00

FILED

03 JUN 13 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028394

1. Entity Name
GHG SYSTEM AND SERVICE, CORP.



Principal Place of Business
**15102 SW 104 STREET APT 822
MIAMI FL 33196**

Mailing Address
**15102 SW 104 STREET APT 822
MIAMI FL 33196**

2. Principal Place of Business
10630 SW 158 COURT

3. Mailing Address
2500 NW 107 Avenue.

Suite, Apt. #, etc.
204

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33196

Country
U.S.A.

Zip
33192

Country
U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number _____ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MENESES, CLAUDIO
15102 SW 104 STREET APT 822
MIAMI FL 33196**

7. Name and Address of New Registered Agent
Name **VERDUCI, MONICA**
Street Address (P.O. Box Number is Not Acceptable)
10630 SW 158 COURT APT. 204
City **MIAMI** FL Zip Code **33196**

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 DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MENESES, CLAUDIO 15102 SW 104 STREET APT 822 MIAMI FL 33196 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERDUCI, MONICA 10630 SW 158 COURT APT 204 MIAMI, FLORIDA 33196 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, GONZALO 15102 SW 104 STREET APT 822 MIAMI FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, GONZALO 10630 SW 158 COURT APT. 204 MIAMI, FLORIDA 33196 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VERDUCI, MONICA 15102 SW 104 STREET APT 822 MIAMI FL 33196 ☒ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)