

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90489 001 *****8.75
04-11-2003 90489 002 ***150.00

DOCUMENT # P02000102153

1. Entity Name
GF & MF SERVICES, INC.



Principal Place of Business
**690 JAMESTOWN BLVD. #2256
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**690 JAMESTOWN BLVD. #2256
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business
710 Jamestown Blvd. #1290
Suite, Apt. #, etc.

3. Mailing Address
710 Jamestown Blvd #1290
Suite, Apt. #, etc.

City & State
Altamonte Springs, FL
Zip Country
32714 VS

City & State
Altamonte Springs, FL
Zip Country
32714

4. FEI Number
82-0564657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE, STE 900
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **03/20/2003**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIGUEROA, GAMALIER	
STREET ADDRESS	690 JAMESTOWN BLVD, #2256	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FIGUEROA, MARIA	
STREET ADDRESS	690 JAMESTOWN BLVD, #2256	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 **321-287-6434**
Date Daytime Phone #

CR2E034 (10/02)