## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000106004

1. Entity Name GL DESTINY, INC.

Principal Place of Business 2840 N. 62 ND AVE HOLLYWOOD FL 33024

2. Principal Place of Business

Zip

Mailing Address

3. Mailing Address

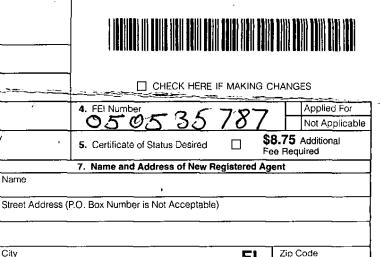
2840 N. 62 ND AVE HOLLYWOOD FL 33024

Suite, Apt.#reto: - - -Suite, Apt. #, etc. City & State City & State

Zip

**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90511 042 \*\*\*150.00



| 8. | 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo | th, in the State of Florida. I | am familiar with, and accept |
|----|---|--------------------------------|------------------------------|
|    | the obligations of registered agent.  |                                |                              |
|    |   |                                |                              |

City

Country

~ -FILE-NOW!!!-FEE-IS-\$150.00 ... -After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

MAIR. JEAN-FRANCOIS& ASSOCIATES

3500 N. STATE RD. 7, STE. 479 FORT LAUDERDALE FL 33319

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing ----**\$5:00** May Be Trust Fund Contribution.

| 10.  | OFFICERS AND DIRECTORS  |          | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | ]_              |
|--|---|----------|---------------------------------------|---|-----------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | PV<br>Lafontant, gina<br>2840 n. 62nd ave<br>Hollywood FL 33024 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition                               | CR2E034 (10/02) |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>Lafontant, gina<br>2840 n. 62ND AVE<br>HOLLYWOOD FL 33024 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition                               | CR2             |
| 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                               | -<br> <br> <br> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition                               |                 |
| TITLE NAME STREET ADDRESS                      | ·   | Delete   | TITLE NAME STREET ADDRESS             | ☐ 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 507, 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.