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

AMENDE

**DOCUMENT#** 1. Entity Name

PD2000 116488

G & B HOLDINGS INTERNATIONAL, INC.



03 OCT 13 PM 1: 47

SECRETARY OF STATE

	DO NOT WRITE	E IN THI	S SPACE		IALLAMADILI IALLAMADILI	Let ( Law Correction )			
2. Principal Place of Business		3. Mailing Address			All .				
3311 W. BROWARD BLVD. Suite, Apt. #, etc.		3311 W. BROWARD BLVD. Suite, Apt. #, etc.			2003° NAWNE	TEMPLED			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL			4. FEI Number 01-0750236	Applied For Not Applicable	,		
Zip 🐉	Country US	Zip 33312	Country US			\$8.75 Additional Fee Required			
	DO NOT W	/RITE	Nar Stre	<sup>ne</sup> DEVASI	Name and Address of Current Red A VARKEY  D. Box Number is Not Acceptable)	gistered Agent	_		
IN THIS SPACE			66	61 56TH S	1 56TH STREET				
					ORAL SPRINGS FL Zip Code 33067				
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 Lawrence agent.  DEVASIA VARKEY  Signature, hipself or printed name of registered agent are take if applicable.  (NOTE: Registered Agent Agent Agent agent are not of registered agent are take if applicable.									
Make Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o				Election Campaign Finance     Trust Fund Contribution.	sing \$5.00 May Be Added to Fees			
10.	OFFICERS AND		TILE				<u>ا</u> ج		
THILE MAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DEVASIA V 6661 56TH STREET CORAL SPRINGS, FL 33	•	NAME STIEET ADDI CHY-ST-ZIP	man illa and a	1000237; 10/10/0361088	20001 -003 **70.00	N240 (1970		
THILE NAME STREET ADDRESS CHY-ST-ZIP	VICE PRESIDENT - BINU 555 FEDERAL HIGHWAY POMPANO BEACH, FL 3	•	NAME STREET ADDR CITY-ST-ZIP	= ₹			COC		
HILE NAME STREET ADDRESS CHY-ST-ZIP	SECRETARY - THOMAS 1069 N.W. 81ST TERRAC PLANTATION, FL 33322	CE	TITLE NAME STREET ADDR CITY-ST-ZIP	10 10 10 10 10	DO NOT W	VRITE -			
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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 on an attachment with an address, with all other like empowered.

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Demander Vactory PRESID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT** 

9-25-03

954 316-1638