

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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90031 041 ***150.00

DOCUMENT # P03000056021	
1. Entity Name	
G & G ELECTRICAL OF SOUTH FLORIDA	

DO NOT WRITE IN THIS SPACE

94030560

2. Principal Place of Business 3394 WEST 80 STREET Suite, Apt. #, etc. UNIT 103 City & State HIALEAH GARDENS, FL Zip 33018-7537	3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0058955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SUAREZ IHOSVANY	
Street Address (P.O. Box Number is Not Acceptable) 3394 W 80 STREET	
UNIT #103	
City HIALEAH	Zip Code 33018

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 _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY TEJADA 19201 COLLINS AVE APT432 MIAMI BEACH, FL, 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT IHOSVANY SUAREZ 19201 COLLINS AVE APT 432 MIAMI BEACH, FL 33160
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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.

SIGNATURE: _____

IHOSVANY SUAREZ VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2004

Date

305-219-4706

Daytime Phone #