

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

FILED
May 02, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # PO3000056021	
1. Entity Name	
G & G ELECTRICAL OF SOUTH FLORIDA INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3394 W 80 ST UNIT 103 Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HIALEAH GARDENS, FL	City & State SAME	4. FEI Number 27-0058955	Applied For <input type="checkbox"/> Not Applicable
Zip 33018	Country USA	Zip 33018	Country
		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 IHOSVANY SUAREZ	
Street Address (P.O. Box Number is Not Acceptable) 3394 W 80 ST UNIT 103	
City HIALEAH GARDENS	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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE PRESIDENT	NAME IHOSVANY SUAREZ	TITLE	000000357353 05/04/05-80070-021 150.00
STREET ADDRESS 3394 W 80 ST UNIT 103	CITY-ST-ZIP HIALEAH GARDENS FL 33018	NAME	
TITLE SECRETARY	NAME GARY TEJADA	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS 19201 COLLINS AVENUE APT 432	CITY-ST-ZIP MIAMI BEACH FL 33160	NAME	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		NAME	
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STREET ADDRESS		NAME	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		NAME	

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

4/15/2005

Date

305-244-4889

Daytime Phone #