

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009688

1. Entity Name
FGC ENTERPRISES, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90242 007 ***150.00

Principal Place of Business

ALBERT H. SAKOLSKY
550 BILTMORE WAY, STE. 720
CORAL GABLES FL 33134

Mailing Address

ALBERT H. SAKOLSKY
550 BILTMORE WAY, STE. 720
CORAL GABLES FL 33134

2. Principal Place of Business

9603 Fontainebleau Blvd.

3. Mailing Address

9603 Fontainebleau Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number **65-0372252**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAKOLSKY, ALBERT H
550 BILTMORE WAY, STE. 720
CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SAKOLSKY, ALBERT H**
STREET ADDRESS **550 BILTMORE WAY STE 720**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME **9603 Fontainebleau Blvd.**
STREET ADDRESS **MIAMI, FL 33172**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BUNASSAR, PETER**
STREET ADDRESS **9603 FOUNTAINBLEU BLVD**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)