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

## **DOCUMENT #**

P92000009688

1. Entity Name

SIGNATURE:

FGC ENTERPRISES, INC.



## **FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90109 039 \*\*\*150.00

429/03 3052215181

TITLE   P SAKOLSKY, ALBERT H							OO WE THE	j				
Sulfe, Apt. #, Idic.   Sulfe, Apt. #, Idic.   City & State   4. FEI Number 65-0372252   Applied For Intel Applicable For Intel Applied For	9603 FONTAIN	NE8LEAU BLVD		9603 MIAM	FONTAINEBLEAU BL' I FL 33172	VD_	· · · -					
City & State  Ci	2. Principal P	Place of Busines	s			<u> </u>	-					
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Progulated   \$8.75 Additional Fee Progulat	Suite, Apt.	. #, etc.		Suit	e, Apt. #, etc.			_	☐ CHECK HERE IF	MAKING	CHANGES	} }
September   Sept	City & Stat	te	City	City & State			4.	4. FEI Number 65-0372252		} <del> </del>	<del>`</del>	
SAKOLSKY, ALBERT H SSO BILTMORE WAY, STE, 720  CORAL GABLES FL 33134  City FL Zip Code  8. The above named critity 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 onligations of registered agent and that apactable.  SIGNATURE  FILE NOW!!! FFE IS \$150.00  PARISH WILE SAKOLSKY, ALBERT H SOB BILTMORE WAY, STE, 720  CITY STEEL NOW!!! FFE IS \$150.00  PARISH WILE SAMP 71, 2003 Fee will be SS50.00  Make Chelle Payable to Florida Department of State  10.	Zip Country			Zip		try 5.		,		\$8.75 Ad	Iditional	
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Street Address (PO. Box Number is Not Acceptable)    City   FL   Zip Code				<del></del>			Name **	`				~
CORAL GABLES FL 33134  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 Ficrida. I am familiar with, and accept the collipsations of registered agent.  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 Ficrida. I am familiar with, and accept the collipsations of registered agent and this if applicable.  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 Ficrida. I am familiar with, and accept the collipsation of registered agent.  9. Election Campa gn Financing Trust Fund Contribution.  9. Election Campa gn Financing Trust Fund Contribution	SAKOLSK	y, albert h					Stroot Addrsoo	/P/O E	Poy Number is Not Assessable)			
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. I am familiar with, and accept the colligations of registered agent.  SIGNATURE  Signature types or printed right agent and this if applicable. (MOTE Registered Agent agentale two alread when revokating)  After May 1, 2003 Fee will be \$550,00  After May 1, 2003 Fee will be \$550,00  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  SAKOLSKY, ALBERT H  SIREET ADDRESS  OTY-ST-ZIP  TITLE  MAME  SIREET ADDRESS  OTY-ST-ZIP  TIT	•				Street Add			S (F.O. BOX NUMBER IS NOT ACCEPTABLE)				
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  STREET ADDRESS OTH'S STREET ADDRESS OTH'S ST. 2P  BUNASSAR, PETER BOOS FOUNTAINEBLEU BLVD MIMM FL 33172  TITLE MAME SIRRET ADDRESS OTH'S ST. 2P  BUNASSAR, PETER BOOS FOUNTAINEBLEU BLVD MIMM FL 33172  TITLE MAME SIRRET ADDRESS OTH'S ST. 2P  TITLE MAME S	CORAL GA	ABLES FL 331	34									
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SIGNATURE    Signature   Signa	8. The above	named entity s	ubmits this statement	for the purp	ose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Florid	da. I am f	amiliar with,	and accept
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Make Check Payable to Florida Department of State    State   Payable to Florida Department of State		Signature, typed or p	rinted name of registered age	ent and title if app	blicable. (NOTE	: Registere	d Agent signature require	ed when re	einstating)	DATE		
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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	12. I hereby c	ertify that the in	formation supplied wi	th this filing	does not qualify for	the exer	notion stated in S	ection :	119 07(3)(i) Florida Statutes Utu	rther cert	ify that the i	

RECUITETEL BUNASSAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR