

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90542 006 \*\*\*150.00

**DOCUMENT # P93000028942**

1. Entity Name  
**GBG'S PRINTING SERVICES INC.**

Principal Place of Business

**15982 N.W. 27TH AVENUE  
 OPA LOCKA FL 33054  
 US**

Mailing Address

**P.O. BOX 695446  
 MIAMI FL 33269**

2. Principal Place of Business

**15982 N W 27th Ave**  
 Suite, Apt. #, etc.  
*None*

3. Mailing Address

**P.O. BOX 695446**  
 Suite, Apt. #, etc.  
*None*

City & State

**OPA-LOCKA**

City & State

**Miami FLORIDA**

Zip

**33054**

Country

**DADE**

Zip

**33269**

Country

**DADE**

4. FEI Number

**65-0405679**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BELTON, NATASHA C  
 19320 N.W. 39TH AVENUE  
 OPA LOCKA FL 33055~~

7. Name and Address of New Registered Agent

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 *Natasha Belton* / **NATASHA BELTON**

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

(NOTE: Registered Agent signature required when reinstating)

**04/23/02**  
 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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GHENT, GLORIA	2170 N.W. 183RD STREET	CAROL CITY FL 33056	<input type="checkbox"/>
VP	GHENT, JIMMY	2170 N.W. 183RD STREET	CAROL CITY FL 33056	<input type="checkbox"/>
DS	BELTON, NATASHA	19320 N.W. 39TH AVENUE	OPA LOCKA FL 33055	<input type="checkbox"/>
D	GHENT, CARITA	2170 N.W. 183RD STREET	CAROL CITY FL 33056	<input type="checkbox"/>
D	BELTON, GREGGY	19320 N.W. 39TH AVENUE	OPA LOCKA FL 33054	<input type="checkbox"/>
D	BELTON, CORETTA	19320 N.W. 39TH AVENUE	OPA LOCKA FL 33054	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gloria B Ghent* / **Gloria B Ghent** **04/23/02** (305) 622-8508  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DUM40JJ



DO NOT WRITE IN THIS SPACE

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