


**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 034 ***150.00

DOCUMENT # **P93000028942**

1. Entity Name
GBG's Printing Service, INC



DO NOT WRITE IN THIS SPACE

24068417

2. Principal Place of Business
15982 N.W. 27th Ave.

3. Mailing Address
P.O. Box 695446

Suite, Apt. #, etc.

City & State
OPA LOCKA FLORIDA

City & State
MIAMI FLORIDA

Zip
33054

Country
DADE

Zip
33269

Country
DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0405679

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORETTA BELTON

Street Address (P.O. Box Number is Not Acceptable)
18451 N.W. 37th Ave Apt 223

City
OPA LOCKA

FL

Zip Code
33055

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 **Coretta Belton** **Coretta Belton** **4-20-04**

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	P.	TITLE	
NAME	NATASHA C. WADE	NAME	
STREET ADDRESS	19320 N.W. 39th Avenue	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VPMD	TITLE	
NAME	GLORIA GHENT	NAME	
STREET ADDRESS	2170 N.W. 183rd Street	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	DB	TITLE	
NAME	CORETTA BELTON	NAME	
STREET ADDRESS	18451 N.W. 37th Ave	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	DT	TITLE	
NAME	CARITA GHENT	NAME	
STREET ADDRESS	2170 NW 183rd Street	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	GREGORY BELTON	NAME	
STREET ADDRESS	19320 NW 39th Ave	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **Gloria B. Ghent / Gloria Ghent 4/20/04 (305) 622-8808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)