

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90435 003 ***158.75

DOCUMENT # P94000054788

1. Entity Name

2 G'S ENTERPRISES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1305 NW 71st Terrace

Suite, Apt. #, etc.

3. Mailing Address

1305 NW 71st Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0513774

Applied For

Not Applicable

Zip 33147

Country USA

Zip 33147

Country USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GRiffin, GEORGIA

Street Address (P.O. Box Number is Not Acceptable)

1305 NW 71st Terrace

City

Miami,

FL

Zip Code

33147

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 *Georgia Griffin*

Georgia Griffin, Reg. Agent

04/29/02

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

(NOTE: Registered Agent signature required when reinstating.)

(M1)

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
PSID	GRiffin, GEORGIA	1305 NW 71st Terrace	Miami, FL 33147
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Georgia Griffin*

Georgia Griffin, President

04/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13du

Daytime Phone #

CR2E034B (12/01)