

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90004 030 \*\*\*150.00

**DOCUMENT # P94000090744**

1. Entity Name  
**G.C. BUSINESS ENTERPRISES INC.**

*R*

Principal Place of Business  
**6440 N.E. 4TH COURT**  
**MIAMI FL 33138**

Mailing Address  
**6440 N.E. 4TH COURT**  
**MIAMI FL 33138**

**B0105121**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2664 West 79th Street**

3. Mailing Address  
**2664 West 79th Street**

City & State  
**Hialeah, Fl. 33016**

City & State  
**Hialeah, Fl. 33016**

4. FEI Number  
**65-0540104**

Applied For  
 Not Applicable

Zip  
**33016** Country  
**USA**

Zip  
**33016** Country  
**USA**

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**

**MOSCONI, GIUSEPPE**  
**6440 N.E. 4TH COURT**  
**MIAMI FL 33138**

Name  
**MOSCONI, Giuseppe**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2664 West 79th Street**  
 City  
**Hialeah** FL Zip Code  
**33016**

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 *Giuseppe Mosconi* **GIUSEPPE MOSCONI - PST** **9-1-00**  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PST MOSCONI, GIUSEPPE 6550 N.W. 4TH COURT PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Giuseppe Mosconi* **REC GIUSEPPE MOSCONI** **9-1-00** **(305) 826-8884**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0014 (1/00)

Attachment doc #  
P94000090744  
B0105121

G.C. BUSINESS ENTERPRISES, INC.  
2664 West 79th Street  
Hialeah, Fl 33016  
(305)826-8884

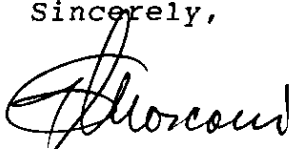
FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O.Box 6327  
TALLAHASSEE, Fl. 32314

Sept. 1st, 2000

Dear sir (madam),  
the purpose of this letter is to inform you that we have never received the FIRST NOTICE of the 2000 Uniform Business Report, probably it was mailed to our previous address. We received the SECOND NOTICE on 8-31-00 at my P.O.Box 17176, Plantation, Fl. 33318-7176.

We are including, along with this, a check for \$150.00 and, with the due respect, we request you to waive the penalty fee.

Sincerely,



G. Mosconi  
President.