

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049095

1. Entity Name
G & RM, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90064 012 ***150.00

Principal Place of Business

19601 W. SYCAMORE DR.
LOXAHATCHEE FL 33470

Mailing Address

19601 W. SYCAMORE DR.
LOXAHATCHEE FL 33470-1803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0603757**

Applied For
Not Applicable

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

MOLARES, REYNALDO
14059 WELLINGTON TRACE
WELLINGTON FL 33414

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P**
STREET ADDRESS **MOLARES, REINALDO**
CITY-ST-ZIP **14059 WELLINGTON TRACE**
WELLINGTON FL 3414

☐ Delete

TITLE
NAME **VP**
STREET ADDRESS **MOLORES, GLORIA**
CITY-ST-ZIP **14059 WELLINGTON TRACE**
WELLINGTON FL 33414

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CITY-ST-ZIP

☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-00

(561) 792-7525

CR2E034 (9/99)