

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000100075**

1. Entity Name

G.F.H. Group, Inc

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90003 048 ***150.00

Principal Place of Business

12231 NW 18 Street
Plantation, Fl. 33323

Mailing Address

same as above

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2. Principal Place of Business

PLANTATION: 12231 NW
18 St.

3. Mailing Address

12231 NW 18 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation, Fl

City & State

Plantation Fl

4. FEI Number

65-0715035

Applied For

Not Applicable

Zip

Country

Fl 33323 Broward

Zip

Country

33323 Broward

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

6. Name and Address of Current Registered Agent

Gary Francis Hoo
12231 NW 18 Street
Ft. Lauderdale, Fl. 33323

7. Name and Address of New Registered Agent

Name

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

same as above

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)

6-12-00

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, 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

TITLE **PRESIDENT** ☐ Delete
NAME **Gary Francis Hoo**
STREET ADDRESS **12231 NW 18 Street**
CITY-ST-ZIP **Ft. Lauderdale, Fl. 33323**

TITLE **Karlene Hoo, V.P.** ☐ Delete
NAME **Karlene Hoo, V.P.**
STREET ADDRESS **12231 NW 18 Street**
CITY-ST-ZIP **Ft. Lauderdale, Fl. 33323**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
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TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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

6-12-00 (954) 723-0068

Date

Daytime Phone #

CR2E034 (9/99)