

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000029502**1. Entity Name
G & R INTERNATIONAL GROUP, INC.

Principal Place of Business

13359 SW 42 ST

MIAMI
33175

FL

US

Mailing Address

5397 NW 105 CT

MIAMI
33178

FL

US

2. Principal Place of Business

8545 NW 72 ST

3. Mailing Address

11865 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE E1

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33166

Country

US

Zip

33175

Country

US

4. FEI Number

65-0739865

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOLORZANO FERNANDO
5524 NW 114
#106
MIAMI
33178
US

FL

7. Name and Address of New Registered Agent

Name

GUEVARA JESUS A

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

11865 CORAL WAY

SUITE E1

City

MIAMI

FL

Zip Code
33175

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 **JESUS GUEVARA**

05/01/2001

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 \$150.00****After MAY 1, 2001 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	VD	<input checked="" type="checkbox"/> Delete
NAME	DELUIZ, OLINDA BORRERO	
STREET ADDRESS	13363 SW 42 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUEVARA, JESUS	
STREET ADDRESS	211 SW 120 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLORZANO, FERNANDO	
STREET ADDRESS	5524 NW 114 #106	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRERO OLINDA	
STREET ADDRESS	13363 SW 42 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEVARA JESUS A	
STREET ADDRESS	211 SW 120 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JESUS GUEVARA**

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)