

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90272 019 ***150.00

DOCUMENT # P97000050485

1. Entity Name

G & J GROUP, INC.

Principal Place of Business

Mailing Address

**5581 SW 6 STREET
 PLANTATION FL 33317**

**5581 SW 6 STREET
 PLANTATION FL 33317**

2. Principal Place of Business

10295 Collins Ave

3. Mailing Address

10295 Collins Ave

Suite, Apt. #, etc.

420-N

Suite, Apt. #, etc.

420-N

City & State

BAL HARBOUR, FL

City & State

BAL HARBOUR, FL

Zip

33154

Country

USA

Zip

33154

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0766766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAGO, GERALDINE
 5581 SW 6 STREET
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

GERALDINE LAGO

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

10295 Collins Ave # 420-N

City

BAL HARBOUR

FL

Zip Code

33154

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LAGO, GERALDINE	
STREET ADDRESS	5581 SW 6 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDCM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALDINE LAGO	
STREET ADDRESS	10295 Collins Ave # 420-N	
CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francina Pavan	
STREET ADDRESS	5873 SW 17 street	
CITY-ST-ZIP	Miami, FL 33155	
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

Daytime Phone #

CR2E034 (9/01)