

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082087

1. Entity Name

GG FUTURES, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90084 013 \*\*\*150.00

Principal Place of Business

1430 GLADIOLAS DR  
WINTER PARK FL 32792

Mailing Address

P.O. BOX 334  
GOLDENROD FL 32733-0334

2. Principal Place of Business

1430 GLADIOLAS DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 334

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK FL

City & State

GOLDENROD FL

4. FEI Number

59-3471837

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32733

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

DOMONKOS, GABRIELA  
1430 GLADIOLAS DR  
WINTER PARK FL 32792

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 *Gabriela Domonkos President*

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

*Gabriela Domonkos*

(NOTE: Registered Agent signature required when reinstating)

04/30/00

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**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 ☐ Delete  
NAME DOMONKOS, GABRIELA  
STREET ADDRESS 1430 GLADIOLAS DR  
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Gabriela Domonkos* *Gabriela Domonkos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/00

Date

Daytime Phone #

CR2E034 (9/99)