

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082087

1. Entity Name
GG FUTURES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90038 007 ***150.00

Principal Place of Business

Mailing Address

1430 GLADIOLAS DR
WINTER PARK FL 32792

P.O. BOX 334
GOLDENROD FL 32733

2. Principal Place of Business

1430 GLADIOLAS DR

3. Mailing Address

P.O. Box 334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

FL

Zip
32792

Country
USA

Zip
32733

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3471837

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ 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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

Daytime Phone #

CR2E034 (10/00)