

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094016

1. Entity Name

GG & R INTERNATIONAL CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90286 004 ***150.00

Principal Place of Business

Mailing Address

15085 SW 172 ST
MIAMI FL 33179

15085 SW 172 ST
MIAMI FL 33187-6786

2. Principal Place of Business

9601 S.W. 142 Ave

3. Mailing Address

Same as P.B.

Suite, Apt. #, etc.

922

Suite, Apt. #, etc.

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City & State

Miami FL

City & State

//

4. FEI Number

65-0827120

Applied For

Not Applicable

Zip

Country

33186

USA

Zip

Country

//

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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

ACEVEDO, JEANINE R
15085 SW 172 ST
MIAMI FL 33177

Name

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

9601 S.W. 142 Ave #922

City

Miami

FL

Zip Code

33186

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, 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	PS	<input type="checkbox"/> Delete
NAME	STEVENS, ALEXANDER J	
STREET ADDRESS	15085 SW 172 ST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	GIL, GABRIEL	
STREET ADDRESS	15831 S.W. 143 COURT	
CITY-ST-ZIP	MIAMI FL 33177	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rivera, Jeanine	
STREET ADDRESS	9601 S.W. 142 Ave #922	
CITY-ST-ZIP	Miami FL 33186	
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		
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:

Jeanine M. Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00 *(305) 408-0138*
Date Daytime Phone #

CR2E034 (9/99)