

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106835

1. Entity Name

G & O ELITE DISTRIBUTORS, INC.

Principal Place of Business

1948 NW 82ND AVE
MIAMI FL 33126
US

Mailing Address

1948 NW 82ND AVE
MIAMI FL 33126
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800766

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

~~GOLDRAT, OREN~~
3552 MAGELLAN CIRCLE #124
AVENTURA FL 33180

Name

GOLDRAT, OREN

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

9520 E BROADVIEW DRIVE

City

BAY HARBOR ISLAND 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)

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 DVT ☐ Delete
NAME GOLDRAT, OREN
STREET ADDRESS 9520 E BROADVIEW DRIVE
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE DVT ☐ Change ☐ Addition
NAME GOLDRAT, OREN
STREET ADDRESS 9520 E BROADVIEW DRIVE
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

TITLE DPS ☒ Delete
NAME SHOVAL, GIL
STREET ADDRESS 6001 TREE LANDING DRIVE
CITY-ST-ZIP DAVIE FL 33314

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/12/01 X 305/8668640
Date Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90011 021 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)