

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

0559083

DOCUMENT # P98000048366

1. Entity Name
G & R BUS, INC.

06-05-2001 90027 041 ***158.75

Principal Place of Business

**5827 DEHLIA DR
 ORLANDO FL 32809**

Mailing Address

**P.O. BOX 632
 GOTHA FL 34734**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9438 Comeau ST

3. Mailing Address

9438 Comeau ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gotha

City & State

4. FEI Number **59-3518917**

Applied For

Not Applicable

Zip

FL

Country

Orange

Zip

34734

Country

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

**- NIEVES, GERMAN L
 9438 COMEAU STREET
 GOTHA FL 34734**

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

German Nieves

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!
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	PO	<input type="checkbox"/> Delete
NAME	NIEVES, GERMAN L	
STREET ADDRESS	9438 COMEAU STREET	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

German Nieves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

907-294-4737

Daytime Phone #

CR2E034 (10/00)