

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068729

1. Entity Name

GNO HOLDINGS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90078 027 \*\*\*150.00

Principal Place of Business

Mailing Address

600 N. STATE RD. 7, SUITE 13  
PLANTATION FL 33317

600 N. STATE RD. 7, SUITE 13  
PLANTATION FL 33317-2447

2. Principal Place of Business

3. Mailing Address

4152 N STATE RD 7

4152 N. STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES, FL

4. FEI Number

65-0855609

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

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

CHUCK MOGBO, P.A.

2331 N. STATE RD. 7, SUITE 124  
LAUDERHILL FL 33313

Name

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

2800 W. OAKLAND PK BLVD, SUITE 209

City OAKLAND PARK

FL

Zip 33311

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
OKAFOR, GODWIN  
1007 SW 104TH WAY  
PEMBROKE PINES FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 034 (9/98)