

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071575

1. Entity Name

G & G INTERTERRA INC.

Principal Place of Business

10526 SW 127 PLACE  
MIAMI FL 33186  
US

Mailing Address

10526 SW 127 PLACE  
MIAMI FL 33186  
US

2. Principal Place of Business

10526 S.W. 127TH PLACE

3. Mailing Address

10526 S.W. 127TH PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Miami, FL.

Zip

33186.

Country

DADE.

Zip

33186.

Country

US.

6. Name and Address of Current Registered Agent

GALVEZ, SERGIO  
10526 SW 127 PLACE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GALVEZ, SERGIO	
STREET ADDRESS	10526 SW 127 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GALVEZ, LISA	
STREET ADDRESS	10526 SW 127 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GALVEZ, LISA	
STREET ADDRESS	10526 SW 127 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

4/23/01.

(305)408-3535.

Date

Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90309 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0863643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

0235114