CR2E034 (9/01)

## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND THE OFFICER NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 01, 2002 8:00 am Secretary of State P98000071575 **DOCUMENT #** 1. Entity Name G & G INTERTERRA INC. 04-01-2002 90166 036 \*\*\*150 00 Mailing Address Principal Place of Business 10526 SW 127TH PLACE 10526 SW 127TH PLACE **MIAMI FL 33186** MIAMI FL 33186 US HS 3. Mailing Address 2. Principal Place of Business GAME AS ABOVE! GAME AS ABOVE! DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0863643 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALVEZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 10526 SW 127 PLACE **MIAMI FL 33186** Zip Code City its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or p gistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Defete TITLE TITLE GALVEZ, SERGIO NAME NAME 10526 SW 127 PLACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP DVP ☐ Change ■ Addition TITLE ☐ Delete TITLE GALVEZ, LISA NAME NAME 10526 SW 127 PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ST. - -TITLE -\_ Delete. TITLE GALVEZ, LISA NAME 10526 SW 127 PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 as 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 of trusted 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 applicable with all other like empowered.