

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0358323 AV

**DOCUMENT # P98000097595**

**1. Entity Name**  
**GANA GANA LAND ADVERTISING & DESIGN, INC.**



**Principal Place of Business**  
**8232 N.W. 8TH PLACE**  
**4**  
**PLANTATION FL 33324**

**Mailing Address**  
**8232 N.W. 8TH PLACE**  
**4**  
**PLANTATION FL 33324**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0877458**

Applied For  
Not Applicable

Zip

Country

Zip

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**

**NICHOLLS, GREGG E C.P.A.**  
**3300 N UNIVERSITY DRIVE**  
**SUITE 601**  
**CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGAN, ADRIANNIE	
STREET ADDRESS	8232 N.W. 8TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MCLEAN-YAO, JENEVA	
STREET ADDRESS	7801 NW 44 COURT	
CITY-ST-ZIP	LAUDERDALE FL 33351	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WEBBE, DWAYNE	
STREET ADDRESS	8232 N.W. 8TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VMGR	<input type="checkbox"/> Delete
NAME	SANCHEZ, VIVIAN	
STREET ADDRESS	8232 NW 8TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33324	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Adriannie Morgan*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**5/1/03 954-452-0441**  
**Date Daytime Phone #**

CR2E034 (10/02)