

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100297

1. Entity Name

GDG, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90027 024 ***150.00

637077



DO NOT WRITE IN THIS SPACE

Principal Place of Business 118 S 20TH AVE HOLLYWOOD FL 33020	Mailing Address 1528 YELLOW HEART WAY HOLLYWOOD FL 33019-4861
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2. Principal Place of Business 1167 Johnson St. Suite, Apt. #, etc.	3. Mailing Address 1167 Johnson St. Suite, Apt. #, etc.
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City & State Hollywood, FL	City & State Hollywood, FL	4. FEI Number 65-0878646	Applied For <input type="checkbox"/> Not Applicable
Zip 33019	Country USA	Zip 33019	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GABRIEL, GARY 1528 YELLOW HEART WAY HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent Name GARY Gabriel Street Address (P.O. Box Number is Not Acceptable) 1167 Johnson St. City Hollywood FL Zip Code 33019

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 Gary Gabriel 2/5/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABRIEL, GARY 1528 YELLOW HEART WAY HOLLYWOOD FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GABRIEL, DEBBIE 1528 YELLOW HEART WAY HOLLYWOOD FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARY Gabriel 1167 Johnson St. Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Debbie Gabriel 1167 Johnson St. Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gary Gabriel 2/5/00 954-835-3064/954-921-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)