

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102545

1. Entity Name

GINKGO INCORPORATED

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90590 013 ***150.00

Principal Place of Business

21085 NE 34TH AVE
SUITE 302
NORTH MIAMI BEACH FL 33180
US

Mailing Address

21085 NE 34TH AVE
SUITE 302
NORTH MIAMI BEACH FL 33180
US

00016333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21085 NE 34 AV.

3. Mailing Address

21085 NE 34 AV.

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

AVENUE, FL

City & State

AVENUE, FL

4. FEI Number 65-0911699

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

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

MARQUEZ, WALTER N
21085 N.E. 34TH AVENUE STE. 302
NORTH MIAMI BEACH FL 33180

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

Walter Marquez

02/08/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ACEIGNE, GABRIEL R
STREET ADDRESS SARMIENTO 2265
CITY-ST-ZIP MONTEVIDEO, URUGUAY ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VST
NAME MARQUEZ, WALTER N
STREET ADDRESS 21085 N.E. 34TH AVENUE STE. 302
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Walter Marquez WALTER MARQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/01 305 935 2428

Date

Daytime Phone #

CR2E034 (10/00)