

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90098 034 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102545

1. Entity Name:

GINKGO INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11870 N.W. 3 DR.

Suite, Apt. #, etc.

3. Mailing Address

11870 N.W. 3 DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS-FL

City & State

CORAL SPRINGS-FL

4. FEI Number

65-0911699

Applied For

Not Applicable

Zip

33071

Country

U.S.A.

Zip

33071

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER N. MARQUEZ

Street Address (P.O. Box Number is Not Acceptable)

11870 N.W. 3 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33071

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(N/A) 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) ☐

January 1 - May 1 Fee is \$150.00;

After May 1 Fee is \$550.00.

Amended UBR is \$61.25.

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 D/P
NAME GABRIEL RAFAEL ROMAN ACEIGNE
STREET ADDRESS 11870 N.W. 3 DR.
CITY-ST-ZIP CORAL SPRINGS-FL 33071

TITLE D/V/S/T
NAME WALTER N. MARQUEZ
STREET ADDRESS 11870 N.W. 3 DR.
CITY-ST-ZIP CORAL SPRINGS-FL 33071

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER N. MARQUEZ 24-25-02

Date

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