

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106177

1. Entity Name  
GGB ENGINEERING, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
02-28-2001 90051 014 \*\*\*150.00

Principal Place of Business  
3595 SHERIDAN STREET  
SUITE 103  
HOLLYWOOD FL 33021

Mailing Address  
3595 SHERIDAN STREET  
SUITE 103  
HOLLYWOOD FL 33021

2. Principal Place of Business  
3109 STERLING ROAD  
Suite, Apt. #, etc.  
201  
City & State  
FT. LAUDERDALE FL  
Zip  
33312 Country

3. Mailing Address  
3109 STERLING ROAD  
Suite, Apt. #, etc.  
201  
City & State  
FT. LAUDERDALE FL  
Zip  
33312 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0887885  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BLOOM, GARY G  
3595 SHERIDAN STREET  
SUITE 103  
HOLLYWOOD FL 33021  
3109 STERLING ROAD  
Suite 201  
FT. LAUDERDALE, FL  
33312

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, SANDRA K		NAME		
STREET ADDRESS	4301 NORTH HILLS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOOM, GARY G		NAME		
STREET ADDRESS	4301 N HILLS DR		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/20/2001 954-986-9899  
Date Daytime Phone #

CR2E034 (10/00)