

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90137 005 ***150.00

DOCUMENT # P99000000449

1. Entity Name

G. B. GOLD CORPORATION

Principal Place of Business

**1570 MADRUGA AVE
 STE 200
 CORAL GABLES FL 33146**

Mailing Address

**1570 MADRUGA AVE
 STE 200
 CORAL GABLES FL 33146**

2. Principal Place of Business

1401 Brickell Ave

Suite, Apt. #, etc.

Suite 530

City & State

Miami FL

3. Mailing Address

1401 Brickell Ave

Suite, Apt. #, etc.

Suite 530

City & State

Miami FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number

65-0889654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PARAJON, LUIS
 1570 MADRUGA AVE
 STE 200
 CORAL GABLES FL 33146**

only change of address

7. Name and Address of New Registered Agent

Name

Parajon, Luis

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

1401 brickell Avenue Suite 530

City

Miami

FL

Zip Code

33131

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, 2002 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 **DPS** ☐ Delete
 NAME **PARAJON, LUIS**
 STREET ADDRESS **520 BRICKELL KEY DR., STE. 0-305**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/02

305 374 6055

CR2E034 (9/01)