

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000449

1. Entity Name

G.B. GOLD CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 Brickell Ave

Suite, Apt. #, etc.

Suite 530

City & State

Miami, FL

Zip
33131

Country
USA

3. Mailing Address

1401 Brickell Ave.

Suite, Apt. #, etc.

Suite 530

City & State

Miami, FL

Zip
33131

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0889654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Downing

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

1401 Brickell Ave

Suite 530

City
Miami

FL

Zip Code
33131

**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

(NOTE: Registered Agent signature required when reinstating)

04/29/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
Downing, William
1401 Brickell Ave Suite 530
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Downing, Teresa
1401 Brickell Ave Suite 530
Miami, FL 33131

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
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

04/29/02

DATE

305-374-6055

Daytime Phone #

CR2E034B (12/01)