

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

102

DOCUMENT # P99000001320

1. Entity Name

G F MARKETING GROUP, INC.

FILED

02 MAR 13 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8478 SW 8 ST.

Suite, Apt. #, etc.

3. Mailing Address

8478 SW 8 ST.

Suite, Apt. #, etc.

01-02 UBR

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

33144

Zip

Country

33144

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Raul Rodriguez

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

17261 NW 33 CT.

City

Miami

FL

Zip Code

33055

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

Raul Rodriguez

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reissuing)

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

P/D

Raul Rodriguez

17261 NW 33 CT.

Miami, FL 33055

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

LS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

300005109943-07
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****450.00 ****450.00

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Raul Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #