2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900003714						FILED Apr 25, 2000 8:00 am			
G & B INVESTMENTS GROUP, INC.						Apr 25, 2000 8:00 am Secretary of State			
ŗ	rincipal Place	of Business	Mailing Address			04-11-2	:000 90057 0:	23 ***15	50.00
800 BRICKELL AVESTE.902 MIAMI FL 33131			900 BRICKELL AVESTE.902 MIAMI FL 33131-2966						
- 2	2. Principal Pla	ce of Business Brickell Are	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #_etc.		_	DO NOT WE	RITE IN THIS SPA	CE	
Stry & State			SVITE TOO		4. F	El Number		[App	lied For
	MAR	<u></u>	Miami	11		<u> 05-088</u>			Applicable
	3313	I_ L COURS A	33,31	Country A		Certificate of Status Desired	Fee	.75 Additi Required	ional
_		6. Name and Address of Current I	Registered Agent	Name-A	7. N	lame and Address of New	Registered Age	nt	
	WALD	MAN, GLEN H ESQ.	dress (P.O.18	(P.O. Box Number is Not Acceptable)					
800 BRICKELL AVE.,STE.902 MIAMI FL 33131			- TIGY		1) 12	Bricalare			
	MITWINI	FF 33131		City A A	ite	<u> 100</u>		Zio-Code:	2) 71
			7	<i></i>	1901	and as both in the State of	FL	25	131
	B. The above r	named entity submits this statement for	rme purpose of chariging its f	egistered office of t	egistered agr	ant, or goth, in the State of	rionda.		
	SIGNATURE _	Signature, typed or printed lapte of registered agent in	and title if applicable. (NOTE:	Registered Agent signatur	a required when re	sinstating)	DATE		
-		ration is eligible to satisfy its Intangible		!! FEE IS \$150.0		T	Financian		
	•	equirement and elects to do so.		00 Fee will be \$5	50.00	10. Election Campaign Trust Fund Contribu			May Be to Fees
	11.	OFFICERS AND		12.		DOITIONS/CHANGES TO C	FFICERS AND D	IRECTORS	IN 11
1	TITLE	DP DAVID	☐ Delete	TITLE NAME	DP	Daired	_	Change	☐ Addition
	NAME STREET ADDRESS	GUY, DAVID 800 BRICKELL AVE.,STE.902		STREET ADDRESS	GUY,	, Davia Brickell	AVE, SV	ite	100
Ļ	CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Mid	MI, FI 3	2/3/	Change	☐ Addition
ļ	TITLE NAME		☐ Delete	TITLE NAME	•	•		□ Orango	[] Addition
١	STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					Í
f	TITLE		☐ Defeiæ	TITLE	<u> </u>			Change	Addition
	NAME STREET ADDRESS	•		NAME STREET ADORESS					
Ĺ	CITY-ST-ZIP			CITY-SI-ZIP					
ſ	TITLE		☐ Oelete	TITLE NAME			(Change	Addition
	NAME STREET ADDRESS			STREET ADDRESS					
	CITY-ST-ZIP		C Bolove	CITY-ST-ZIP	 		<u>-</u>	☐ Change	Addition
	TITLE NAME		☐ Delete	NAME			•		
	STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP	<u>}</u>				
	TITLE	<u> </u> 	☐ Delete	TITLE			{	☐ Change	Addition
	NAME STREET ADDRESS			NAME STREET ADORESS					Ì
	CITY-ST-ZIP	}		CRTY-ST-ZIP		··			,
	13. I hereby indicated	certify that the information supplied with the information supplied with the report or suppliemental report poration or the receiver or trustee emp	h this filing does not qualify fo is true and accurate and that r	r the exemption sta my signature shall h	ted in Section lave the same	1119.07(3)(i), Florida Statut legal effect as if made uni	tes, I further certif der oath; that I an	y that the in an officer	or director
	of the co changed	rporation or the receiver or trustee emp l, or on an attachment with an attdress.	powered to execute this report with all other like empoyered	as required by Cha	apier 607, Fl0	riua siatutes; and that my i	mue appears in	DIO I I KOURE	DIOCK (21)
	SIGNAT	TURE:	and Din	1 Tr			<u> </u>		
- [SIGNATURE AND TYPED OF	PRINTED NAME OF STANING OFFICER	OR DIRECTOR	_	Date	Dan	ytime Phone #	