

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025830

1. Entity Name

G & L INTERNATIONAL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90139 036 ***150.00

Principal Place of Business

Mailing Address

~~12935 RAIN FOREST STREET~~
~~TAMPA FL 33617~~

~~12935 RAIN FOREST STREET~~
~~TAMPA FL 33617~~

8480 W. Hillsborough Ave.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Tampa FL

City & State
 Tampa FL

Zip
 33615

Country
 Hillsborough

Zip
 33647

Country
 Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3573953

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALIOURIDIS, GEORGE
~~12935 RAIN FOREST STREET~~
~~TAMPA FL 33617~~

16368 Ashington Park Dr.
 Tampa FL 33647

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

George Galouridis, President George GALIOURIDIS 4/15/00

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

(NOTE: Registered Agent signature required when reappointing)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GALIOURIDIS, GEORGE	
STREET ADDRESS	12935 RAIN FOREST STREET	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, LOGAN	
STREET ADDRESS	12935 RAIN FOREST STREET	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

George Galouridis GEORGE GALIOURIDIS 4/15/00 (813)558-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #