

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90025 040 ***150.00

DOCUMENT # P99000029724

1. Entity Name

G & G MORTGAGE PARTNERS, INC.

Principal Place of Business

Mailing Address

10002 WINDING LAKE ROAD
#201
SUNRISE FL 33351

10002 WINDING LAKE ROAD
#201
SUNRISE FL 33351

701310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1555 W. 44 PLACE #303

3. Mailing Address

P.O. BOX 832501

Suite, Apt. #, etc.

HIALEAH

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

FLORIDA

City & State

MIAMI, FLORIDA

Zip

33012

Country

USA

Zip

33283

Country

USA

4. FEI Number

65-0918700

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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 _____

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **TAMAYO, GERARDO J**
CITY-ST-ZIP **10002 WINDING LAKE ROAD**
SUNRISE FL 33351

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **GERARDO J. TAMAYO**
CITY-ST-ZIP **1555 WEST 44 PLACE #303**
HIALEAH, FL. 33012

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TAMAYO, GABRIELA C**
CITY-ST-ZIP **10002 WINDING LAKE ROAD**
SUNRISE FL 33351

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **GABRIELA C. TAMAYO**
CITY-ST-ZIP **1555 WEST 44 PLACE #303**
HIALEAH, FL. 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
Date

954-240-0732
Daytime Phone #

CR2E034 (10/00)