2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000034388** 1. Entity Name G. G. R. INVESTMENTS CORP. 05-01-2000 90381 023 ***150.00 Mailing Address Principal Place of Business 11205 SW 88 ST., A-112 11205 SW 88 ST., A-112 MIAMI FL 33176-1136 **MIAMI FL 33176** 3. Mailing Address 2. Principal Place of Business / 3703 SW 205T ZOST / 3 フ 0 ろ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For 4. FEI Number City & State 65-0930906 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **ヨ**ョノフグ Fee Required *ヨッ*ノク 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAINUNOO. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 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, typed or o e of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DPST Delete TITLE TITLE GONZALEZ, RAIMUNDO NAME NAME 13703 SW 365T STREET ADDRESS STREET ADDRESS 11205 SW 88 ST., A-112 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

GONZALEZ, RAIMUNDO 11205 SW 88 ST., A-112

☐ Delete

Date Daytime Phone #

☐ Change

☐ Addition

CR2F034 (9/99)