

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000039500

1. Entity Name

GFG CONSULTING, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90147 039 ***150.00

Principal Place of Business

Mailing Address

5512 NW 113TH AVE., #110
MIAMI FL 33178

5512 NW 113TH AVE., #110
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

5512 NW 114TH AVE.

5512 NW 114TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 110

Apt. 110

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33178

USA

33178

USA

4. FEI Number

05-0918763

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, 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 ☐ Delete
NAME GARCIA, GABRIEL F
STREET ADDRESS 8100 GENEVA COURT SUITE C-53
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☐ Change ☐ Addition
NAME GABRIEL F. GARCIA
STREET ADDRESS 5512 NW 114th. AVE. Apt. 110
CITY-ST-ZIP Miami FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

GABRIEL F. GARCIA

2/10/00

Date

(305) 539-6648

Daytime Phone #

CR2E034 (9/99)