

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-02-2000 90012 029 ***150.00

DOCUMENT # P99000041753

1. Entity Name

G INVESTMENTS IN U.S. INC.

Principal Place of Business

Mailing Address

1545 N.E. 151 TERRACE
 NORTH MIAMI BEACH FL 33162

1545 N.E. 151 TERRACE
 NORTH MIAMI BEACH FL 33162-5987

2. Principal Place of Business

1545 N.E. 151 Terr. NE. 151 Terr

3. Mailing Address

1545 N.E. 151 Terr



DO NOT WRITE IN THIS SPACE

City & State

N. M. B. FIA

City & State

U.S.A. North Miami FIA

4. FEI Number

65-0920958 34

Applied For

Not Applicable

Zip

33162

Country

DADE

Zip

33162

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGES, MIGUEL
 1545 N.E. 151 TERRACE
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name: Nancy Georges
 Street Address (P.O. Box Number is Not Acceptable): 1545 N.E. 151 Terr. 151 Terr
 City: North Miami Beach FL Zip Code: 33162

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: *Nancy Georges Vice President* DATE: 1-26-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGES, MIGUEL	
STREET ADDRESS	1545 N.E. 151 TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGES, NANCY	
STREET ADDRESS	1545 N.E. 151 TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Miguel Georges* DATE: 1-26-2000 DAYTIME PHONE #: 305-947-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)