

# 2002 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # P99000052194

1. Entity Name  
G & G GRAPHICS, INC.

FILED

03 APR -1 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11300 NW 52ND ST.  
CORAL SPRINGS FL 33076

Mailing Address  
P. O. BOX 9897  
CORAL SPRINGS FL 33076



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0933150 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARRY, EUGENIO E  
11300 NW 52ND ST.  
CORAL SPRINGS FL 33076

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	PVST	<input type="checkbox"/> Delete	TITLE	500015770015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARRY, EUGENIO E		NAME	04/14/03--01003--017	**150.00
STREET ADDRESS	11300 NW 52ND ST.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARRY, EUGENIO E		NAME		
STREET ADDRESS	11300 NW 52ND ST.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] **SIGNATURE REQUIRED** 3-10-03 (954) 346 3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)