

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000053868**

1. Entity Name

G&G GLOBAL BUSINESS ENTERPRISES, INC

08-08-2000 90002 037 ***155.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

12113 SW 11TH COURT
PEMBROKE PINES FL 33025

12113 SW 11TH COURT
PEMBROKE PINES FL 33025-3731

2. Principal Place of Business

12917 W. Sunrise Blvd.

3. Mailing Address

12917 W. Sunrise Blvd.

Suite, Apt. #, etc.
261

Suite, Apt. #, etc.
261

City & State

Sunrise, Florida

City & State

Sunrise, Florida

4. FEI Number

65-0965738

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

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

**GUERRERO, PRILEY
12113 SW 11TH COURT
PEMBROKE PINES FL 33025**

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 reconstituting)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P/T
GUERRERO, PRILEY
12113 SW 11TH COURT
PEMBROKE PINES FL 33025**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/V/S
GUERRERO, JOSE HUMBERTO
CARRERA 88 BIS #114-S7, APT.102
SANTA FE DE BOGOTA, COLOMBIA**

☐ Delete

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

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/15/00

Date

Daytime Phone #

CR2E034 (9/99)