

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067110

1. Entity Name

G-FORCE AUTO, INC.

R

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90220 023 \*\*\*150.00

Principal Place of Business

1000 N.W. 51 COURT  
FT. LAUDERDALE FL 33309

Mailing Address

1000 N.W. 51 COURT  
FT. LAUDERDALE FL 33309-2825

2. Principal Place of Business

~~1000 N 726 NW~~ 57th St

3. Mailing Address

726 NW 57th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Lauderdale

Fort Lauderdale

City & State

City & State

Florida

Florida

Zip

Country

Zip

Country

33309

FLORIDA

33309

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTEIRO, JOAO

1000 N.W. 51 COURT  
FT. LAUDERDALE FL 33309

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)

MAY 1 2000

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	MONTEIRO, JOAO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		MONTEIRO, JOAO		NAME			
STREET ADDRESS		1000 N.W. 51 COURT		STREET ADDRESS			
CITY-ST-ZIP		FT. LAUDERDALE FL 33309		CITY-ST-ZIP			
TITLE	D	MONTEIRO, PEDRO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		MONTEIRO, PEDRO		NAME			
STREET ADDRESS		1000 N.W. 51 COURT		STREET ADDRESS			
CITY-ST-ZIP		FT. LAUDERDALE FL 33309		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			
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			

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

Date

Daytime Phone #

CR2E034 (9/99)