

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90005 015 ***550.00

DOCUMENT # P99000078000

1. Entity Name

G'S HOTSPOT, INC.

Principal Place of Business

1830 NE 142 STREET, PH 13
NORTH MIAMI FL 33181

Mailing Address

1830 NE 142 STREET, PH 13
NORTH MIAMI FL 33181

2. Principal Place of Business

Suite, Apt. #, etc.

463 N.E. 167 STREET.
NORTH Miami Bea. Fla

City & State

Zip **33162**

Country **USA**

3. Mailing Address

20225 N.W. 27 CIRCLE

Suite, Apt. #, etc.

OPA 100KA Fla. 33056

City & State

Zip **33056**

Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0947 058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES, FRANCKY
1830 NE 142 STREET, PH 13
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **Charles, Francky**

Street Address (P.O. Box Number is Not Acceptable)

20225 N.W. 27 CIRCLE

City **OPA 100KA**

FL

Zip Code **33056**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **CHARLES, FRANCKY**
STREET ADDRESS **1830 NE 142 STREET, PH 13**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Charles, Francky** ☒ Change ☐ Addition
NAME **20225 N.W. 27 CIRCLE**
STREET ADDRESS **OPA 100KA FL 33056**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)