

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085182

1. Entity Name
G & G WHOLESALE AUTOBROKER, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90034 041 ***158.75

Principal Place of Business

7715NW 75 AVE
MIAMI FL 33166

Mailing Address

4304 S.W. 69TH AVE.
MIAMI FL 33155

2. Principal Place of Business

7715 NW 75 AVE

Suite, Apt. #, etc.

3. Mailing Address

7715 N.W. 75 AVE

Suite, Apt. #, etc.

City & State

MEADLEY FL

City & State

MEADLEY, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number 65-0949797

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ROSA M
4304 S.W. 69TH AVE.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: EDUARDO A. GARCIA

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

7715 N.W. 75 AVE

City

MEADLEY

FL

Zip Code

33166

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

4-27-01

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, 2001 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	GARCIA, ROSA M	
STREET ADDRESS	4304 S.W. 69TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, AMADO L	
STREET ADDRESS	4304 S.W. 69TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, EDUARDO	
STREET ADDRESS	4304 SW 69TH AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

Eduardo Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

305-888-6007

Daytime Phone #

CR2E034 (10/00)