

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 990000 26785  
 1. Entity Name P 990000 93347  
T G & G ENTERPRISES, INC.

FILED  
 May 10, 2001 8:00 am  
 Secretary of State

05-10-2001 90130 019 \*\*\*150.00

Principal Place of Business

3899 N. W 7th St  
Miami, FL.

Mailing Address

2. Principal Place of Business  
3900 N W 79th Ave

3. Mailing Address  
3900 N. W 79th Ave

Suite, Apt. #, etc.  
441

Suite, Apt. #, etc.  
441

City & State

Miami FL.

City & State  
Miami FL.

Zip  
33166

Zip  
33166

Country

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

JORGE TOBON  
3899 N. W 7th St #203  
Miami FL 33126

Name JORGE TOBON

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

3900 N. W 79th Ave #441

City Miami

FL 33166

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)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES  Delete  
 NAME JORGE TOBON  
 STREET ADDRESS 3899 NW 7th St. #203  
 CITY-ST-ZIP Miami FL 33126

TITLE PRES  Change  Addition  
 NAME JORGE TOBON  
 STREET ADDRESS 3900 NW 79th Ave #441  
 CITY-ST-ZIP Miami FL 33166

TITLE V. P.  Delete  
 NAME BEATRIZ GOMEZ  
 STREET ADDRESS 3899 N. W 7th St #203  
 CITY-ST-ZIP Miami FL 33126

TITLE V. P.  Change  Addition  
 NAME BEATRIZ GOMEZ  
 STREET ADDRESS 3900 N. W 79th Ave #441  
 CITY-ST-ZIP Miami FL 33166

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

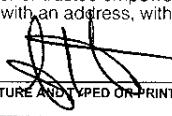
TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

03/16/01

Date

Daytime Phone #