

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90063 012 ***150.00

DOCUMENT # *P99000093347*

1. Entity Name

T G & G. ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3900 NW 79 Ave

3900 NW 79 Ave

Suite, Apt. #, etc.
441

Suite, Apt. #, etc.
#441

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1011856

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JORGE ENRIQUE TOBON

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

3900 N.W 79 Ave #441

City

Miami

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent, as 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *JORGE E. TOBON, PRES.*
NAME
STREET ADDRESS *3900 N.W 79 Ave #441*
CITY-ST-ZIP *Miami, FL 33166*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)