

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094220

1. Entity Name

G & H FOOD CONSULTANTS/PROMO, PRODUCTIONS INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90133 040 ***150.00

Principal Place of Business

Mailing Address

% HUEY BABY'S YOUR FAVORITE HAIR SALON
1718 W. MAIN STREET
TAMPA FL 33607

P.O. BOX 45008
TAMPA FL 33677-5008

2. Principal Place of Business

Shakillas

3. Mailing Address

P.O. Box 45008

Suite, Apt. #, etc.

1718 W. Main St

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33677

Country

USA

4. FEI Number

59-3602323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JAMESHIA
1922 CHESTNUT STREET
TAMPA FL 33607

7. Name and Address of New Registered Agent

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)

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GOUSE, MELVIN
CITY-ST-ZIP 2210 E. 131ST STREET, #6
TAMPA FL 33612

TITLE ☐ Delete
NAME Treasurer
STREET ADDRESS Huey Johnson
CITY-ST-ZIP 1137 Chestnut St, Tampa

TITLE ☐ Delete
NAME Tampa, FL 33607
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1E034 (9/99)