

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-19-2000 90033 012 ***150.00

DOCUMENT # P99000103006

1. Entity Name

GHETTO DEEP CORP.

Principal Place of Business

20120 NW 36TH AVE.
 MIAMI FL 33056

Mailing Address

20120 NW 36TH AVE.
 MIAMI FL 33056

2. Principal Place of Business

20120 N.W. 36 AVE

Suite, Apt. #, etc.

3. Mailing Address

20120 N.W. 36 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA.

Zip
 33056

Country
 DADE

City & State

MIA. FL. 33056

Zip
 33056

Country
 DADE

4. FEI Number

65-09-50885

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, OCTAVIUS S
 20120 NW 36TH AVE.
 MIAMI FL 33056

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	CHIEF EXECUTIVE OFFICER <input type="checkbox"/> Delete
NAME	OCTAVIUS S. DAVIS
STREET ADDRESS	20120 N.W. 36 AVE MIA. FLA. 33056
CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	OCTAVIUS S. DAVIS
STREET ADDRESS	20120 N.W. 36 AVE MIA. R. 33056
CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> Delete
NAME	OCTAVIUS S. DAVIS
STREET ADDRESS	20120 N.W. 36 AVE MIA. FL 33056
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	
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:

Octavius S. Davis OCTAVIUS S. DAVIS 4/30/00 (305) 624-5294
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #