

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88537

1. Entity Name

G. & G. FLORIDA, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90079 039 \*\*\*150.00

Principal Place of Business

Mailing Address

112 S HIBISCUS ISLAND  
MIAMI BEACH FL 33139

P.O. BOX 398570  
MIAMI BEACH FL 33239-8570

2. Principal Place of Business

3. Mailing Address

8801 S.W. 124th Street  
Suite, Apt. #, etc.

P.O. Box 56-0006  
Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33176-5217

U.S.A.

33256-0006

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGEN, MAX  
112 S HIBISCUS ISLAND  
MIAMI BEACH FL 33139-5130

Name

SCHIRMER, GUENTER A.

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

8801 S.W. 124th Street

City

MIAMI

FL

Zip Code

33176-5217

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

SCHIRMER GUENTER A., President

March 22, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABINE, WINTER ANNA 112 S HIBISCUS ISLAND MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIRMER, GUENTER A 112 S HIBISCUS ISLAND MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIRMER, PETER 112 S HIBISCUS ISLAND MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINTER, ANNA SABINE 8801 S.W. 124th Street MIAMI, FL 33176-5217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIRMER, GUENTER A. 8801 S.W. 124th Street MIAMI, FL 33176-5217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIRMER, PETER A. 8801 S.W. 124th Street MIAMI, FL 33176-5217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOSMOL RIECHERT, WALLI 8801 S.W. 124th Street MIAMI, FL 33176-5217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SCHIRMER GUENTER A., President

March 22, 2000 305 232-5347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)