

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90058 039 \*\*\*150.00

**DOCUMENT # S88537**  
 1. Entity Name  
**G. & G. FLORIDA, INC.**

Principal Place of Business <b>8801 SW 124TH ST          MIAMI FL 33176-5217          US</b>	Mailing Address <b>P.O. BOX 56-0006          MIAMI FL 33256-0006          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0291000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SCHIRMER, GUENTER A**  
**8801 SW 124TH ST**  
**MIAMI FL 33176-5217**

**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 \_\_\_\_\_ (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, 2002 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 SD WINTER, ANNA S	<input checked="" type="checkbox"/> Delete	TITLE NAME SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8801 SW 124TH ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33176-5217		CITY-ST-ZIP	
TITLE NAME PD SCHIRMER, GUENTER A	<input type="checkbox"/> Delete	TITLE NAME PD and T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8801 SW 124TH ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33176-5217		CITY-ST-ZIP	
TITLE NAME T SCHIRMER, PETER	<input checked="" type="checkbox"/> Delete	TITLE NAME SD and V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8801 SW 124TH ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33176-5217		CITY-ST-ZIP	
TITLE NAME V KOSMOL RIECHERT, WALLI	<input type="checkbox"/> Delete	TITLE NAME SD and V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8801 SW 124TH ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33176-5217		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SCHIRMER, GUENTER A Date: Jan 28, 02 Daytime Phone #: 305-222-5247

CR2E034 (9/01)