

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005292

**Entity Name:** GROUP BLACK INC.

**Current Principal Place of Business:**

429 LENOX AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

429 LENOX AVE  
MIAMI BEACH, FL 33139 US

**FEI Number: 87-1120247**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MONTAQUE, TRAVIS  
Address 429 LENOX AVE.  
City-State-Zip: MIAMI BEACH FL 33139

Title CEO, PRESIDENT, SECRETARY  
Name MONTAQUE, TRAVIS  
Address 429 LENOX AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name DENNIS, RICHELIEU  
Address 429 LENOX AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name BOUGH, BONIN  
Address 429 LENOX AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name KAUFMAN , SETH  
Address 429 LENOX AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name BURNS, URSULA  
Address 429 LENOX AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name SHAH, VIVEK  
Address 429 LENOX AVE  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TRAVIS MONTAQUE**

**PRESIDENT**

**09/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date