

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90823 014 \*\*\*150.00

**DOCUMENT # F95000006259**

1. Entity Name  
**C2G, INC.**

Principal Place of Business

Mailing Address

14931 CALIFA ST.  
 14931 CALIFA ST SUITE A  
 VAN NUYS CA 91411  
 US

14931 CALIFA ST.  
 14931 CALIFA STREET. SUITE A  
 VAN NUYS CA 91411  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4483919**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HETTICK, BOB**  
**GENERAL GROWTH MANAGEMENT, INC.**  
**3700 US HWY 27 NORTH, EAGLE RIDGE MALL**  
**LAKE WALES FL 33853-7831**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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  Delete  
 NAME **P**  
 STREET ADDRESS **GESUNDHEIT, JAIME**  
 CITY-ST-ZIP **1666 20TH ST., STE. 100**  
**SANTA MONICA CA 90404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **CHAIT, MICHAEL**  
 CITY-ST-ZIP **5140 AMIGO AVE**  
**TARZANA CA 91356**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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: *Michael Chait*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL CHAIT  
 SEC/TRES 4/30/01  
 Date

(818) 781-1390  
 Daytime Phone #

CR2E034 (10/00)