

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90010 049 \*\*\*550.00

**DOCUMENT # M40144**

1. Entity Name  
**GINO'S FLEA MARKET CORP.**

|   |   |
|---|---|
| Principal Place of Business<br>C/O JOSE R. HERRERA<br>2435 N. MIAMI AVE<br>MIAMI FL 33137 | Mailing Address<br>C/O JOSE R. HERRERA<br>2435 N. MIAMI AVE<br>MIAMI FL 33137 |
|---|---|



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 **59-2804035**      Applied For  
 Not Applicable

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

**HERRERA, JOSE R.**  
**2435 N. MIAMI AVE**  
**MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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<br>PD<br>HERRERA, JOSE R.<br>STREET ADDRESS<br>1655 N. MIAMI AVE<br>CITY-ST-ZIP<br>MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME   | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Jose R. Herrera*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/02)