

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 24 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027112  
1. Entity Name  
GENERAL SERVICES FOR YOU INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>13028 SW 88th TER S</u>		3. Mailing Address <u>SOME</u>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <u>MIAMI FL</u>		City & State _____	
Zip <u>33186</u>	Country <u>USA</u>	Zip _____	Country _____

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0991453</u>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>ESPINOSA, ULISES G</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>13028 SW 88th TER S</u>	
City <u>MIAMI</u>	FL Zip Code <u>33186</u>

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 \_\_\_\_\_  
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) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>
---	--

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	-----------------------------

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D ESPINOSA, ULISES G 13028 SW 88th TER S MIAMI FL 33186</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D TRUJILLO, MARIA D 13028 SW 88th TER S MIAMI FL 33186</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>800008578078 10/24/02--01103--002 **158.75</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*ES* 10/25

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 on an attachment with an address, with all other filers empowered.

SIGNATURE: ULISES G. ESPINOSA Date: 10/21/02 (786) 412-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Miami, October 22, 2002

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

*To Whom It May Concern:*

*I am sending a check in the amount of \$158.75 for the Uniform Business Report of General Services For You Inc for the year 2002 plus a request of a certificate of status.*

*Kindly accept my filing at this time because I never received the Uniform Business Report forms or notices. As you can see I have to file using a blank form, and I hope you can accept my request to abate any penalty.*

*Very truly yours,*

  
Ulises G Espinoza  
President