

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90072 020 ***150.00

DOCUMENT # P0200011764

1. Entity Name
GISI, INC.



Principal Place of Business
**20281 EAST COUNTRY CLUB DRIVE
APARTMENT 1606
AVENTURA FL 33180**

Mailing Address
**20281 EAST COUNTRY CLUB DRIVE
APARTMENT 1606
AVENTURA FL 33180**



2. Principal Place of Business
3014 N.W. 25th Ave

3. Mailing Address
3014 N.W. 25th Ave

Suite, Apt. #, etc.
FD

CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33069

Country
Broward

Zip
33069

Country
Broward

4. FEI Number
82-0568476

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOOMAR, L. GREGORY
1152 NORTH UNVIERSITY DRIVE
PEMBROKE PINE FL 33024**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SCHRELBSTEIN, SIDNEY
STREET ADDRESS	20281 EAST COUNTRY CLUB DR., APT. 1606
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	GIGLIOTTI, TOM
STREET ADDRESS	129 NW 25TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gigliotti, Tom
STREET ADDRESS	9875 Napoli Woods Lane
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/28/03** **954-979-5500**

CR2E034 (10/02)