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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

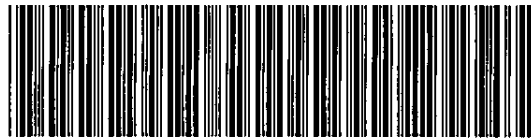
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 08 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GERPRI CORPORATION

(Name of Foreign Corporation)

Dear Sir or Madam:

The enclosed Foreign Name Registration, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MR. NORBERT A. FEIFEL

(Name of Person)

GERPRI CORPORATION

(Firm/Company)

SANTA MARIA SHOPPING CENTER - SUITE 4

(Address)

GUAYNABO, PR 00969

(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Norbert A. Feifel

(Name of Person)

at (787) 423-9740

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$87.50 Filing Fee

☒ \$96.25 Filing Fee & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. **GERPRI CORPORATION**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **PUERTO RICO**

(State or country under the law of which it is incorporated)

3. **66-0662800**

(FEI number, if applicable)

4. **AUGUST 18, 2005**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **SANTA MARIA SHOPPING CENTER - SUITE 4**

(Principal office address)

GUAYNABO, PR 00969

(Current mailing address)

8. **HAIR COLORS, COSMETICS, PRODUCTOS FOR COSMETIC TREATMENTS**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

MISS ELIZABETH SERRANO

Office Address:

SOUTHWEST ORLANDO CENTER - 5401 S. KIRKMAN RD. - SUITE 310

ORLANDO

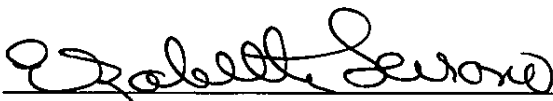
(City)

, Florida **32819**

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mr. Norbert A. Feifel

Address: Santa Maria Shopping Center - Suite 4
Guaynabo, PR 00969

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Mr. Norbert A. Feifel

Address: Santa Maria Shopping Center - Suite 4
Guaynabo, PR 00969

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Norbert A. Feifel
(Signature of Director or Officer listed in number 12 of the application)

14. Norbert A. Feifel, President
(Typed or printed name and capacity of person signing application)



Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **FERNANDO J. BONILLA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, pursuant to the provisions of the Article 15.01 of the General Corporation Law of 1995, "**GERPRI CORPORATION**", register number **155459**, a **profit** close corporation organized under the laws of Puerto Rico, has complied with the filing of Annual Reports; therefore, it is in good standing.

IN WITNESS WHEREOF, sign the present and cause to be affixed on it the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, today, May 7, 2007.

Fernando J. Bonilla
Secretary of State

FJB /ara
0438181 - \$10.00

Certification of the Annual Reports Officer

I hereby certify that I have read and revised the aforementioned corporate record and that it complies with Chapter XV, Article 15.01 of the General Corporation Law.

7/may/2007
Date

Quilda L. Osorio
Annual Reports Officer