

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90206 015 ***150.00

DOCUMENT # L24450

1. Entity Name
MAGGIE GENDRON REPORTING SERVICES, INC.

Principal Place of Business

**1510 SALZEDO STREET
SUITE 2
CORAL GABLES FL 33134
US**

Mailing Address

**1510 SALZEDO STREET
SUITE 2
CORAL GABLES FL 33134
US**

2. Principal Place of Business

**P.O. Box 347834
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 347834
Suite, Apt. #, etc.**

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-0345422

Applied For

Not Applicable

Zip

33234

Country

USA

Zip

33234

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GENDRON, MARGARET M
1510 SALZEDO STREET
SUITE 2
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **MARGARET M. GENDRON**
Street Address (P.O. Box Number is Not Acceptable)
10720 S.W. 49 TERR.
City **MIAMI** FL Zip Code **33165**

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

MARGARET M. GENDRON, DIRECTOR

04/15/02
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 \$150.00
After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GENDRON, MARGARET M	
STREET ADDRESS	1510 SALZEDO STREET #2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENDRON, MARGARET M.	
STREET ADDRESS	10720 S.W. 49 TERR.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)