

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90093 030 ***150.00

DOCUMENT # M27543

1. Entity Name
GILAHESA CORPORATION



Principal Place of Business
1201 LEJUENE ROAD
S-215
CORAL GABLES FL 33134

Mailing Address
1201 LEJUENE ROAD
S-215
CORAL GABLES FL 33134

00004974



2. Principal Place of Business

1201 S.W. LEJUENE ROAD

Suite, Apt. #, etc.

S-215

City & State

CORAL GABLES FL

Zip

33134

Country

U.S.A

3. Mailing Address

1201 S.W. LEJUENE ROAD

Suite, Apt. #, etc.

S-215

City & State

CORAL GABLES FL

Zip

33134

Country

U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2638133**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRON, JOSE P.
9067 SW 215TH TERR
MIAMI FL 33184

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **PD** ☐ Delete
NAME **GIRON, AITALA H.**
STREET ADDRESS **9067 SW 215TH TERR**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **STD** ☐ Delete
NAME **CONCHA, CYNARA**
STREET ADDRESS **3107 SONORA MESA**
CITY-ST-ZIP **SAN ANTONIO TX 78232**

TITLE **VD** ☐ Delete
NAME **GIRON, JOSE P.**
STREET ADDRESS **9067 SW 215TH TERR**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

(305) 254 2712

Daytime Phone #

CR2E034 (10/02)