2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # M71154 1. Entity Name GISELA INTERIORS, INC.				FILED Jan 31, 2000 8:00 am Secretary of State		
				01-31-2000 90102 03		
Principal Place of Business		Mailing Address				
8242 N.W. 70TH ST MIAMI FL 33166		8242 N.W. 70TH ST Miami FL 33166-2742				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN TH	1IS SPACE	
City & State		City & State		4. FEI Number 59-2603945	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Register	ed Agent	
		·	Name			
6760	WN, GISELA DEL VALLE) SW 144 STREET		Street Address	s (P.O. Box Number is Not Acceptable)		
MIAN	MI FL 33158		City		FL Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating) DA	TE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FEE IS \$150.00 Fee will be \$550.00 to Department of S			0 May Be d to Fees
11.	OFFICERS AND D	_1	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	PD Brown, Gisela del Valle 6760 SW 144 St.	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	MIAM! FL	☐ Delete	CITY-ST-ZIP TITLE		☐ Change	Addition
NAME STREET ADDRESS	RAMOS, JORGE 3504 SW 143 COURT	□ Delete	NAME STREET ADDRESS		Orlange	
CITY-ST-ZIP TITLE	MIAMI FL	☐ Delete	CITY-ST-ZIP		Change	□Āddition
NAME STREET ADDRESS CITY-ST-ZIP		L Delate	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ 3000	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	. ,,,,,	☐ Delete	TITLE		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
13. I hereby of indicated	l on this report or supplemental report is t	rue and accurate and that my vered to execute this report a: th all other like empowered.	r sionature shall have th	Section 119.07(3)(i), Florida Statutes. I furthe ne same legal effect as if made under oath; th 607, Florida Statutes; and that my name appe	ar i am an oπicer	or airector