

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004904

1. Entity Name

GYPSY FIRE, INC.

Principal Place of Business

11090 SW 57 ST
MIAMI FL 33173
US

Mailing Address

P.O. BOX 39052
MIAMI BEACH FL 33239-8052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESCOBAR, GENEAH JUANA
3170 S.W. 8TH STREET, C-330
MIAMI FL 33135

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME ESCOBAR, GENEAH JUANA
STREET ADDRESS 3170 S.W. 8TH STREET, C-330
CITY-ST-ZIP MIAMI FL 33135

TITLE DV ☐ Delete
NAME MEIZOSO, RENE
STREET ADDRESS 11090 S.W. 57TH STREET
CITY-ST-ZIP MIAMI FL 33173

TITLE DS ☐ Delete
NAME MIGUEL, ADELFA
STREET ADDRESS 14317 SW 139TH CT
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition
NAME MEIZOSO, RENE
STREET ADDRESS 11090 SW 57TH ST.
CITY-ST-ZIP MIAMI, FL 33173

TITLE D ☒ Change ☐ Addition
NAME MIGUEL, ADELFA
STREET ADDRESS 14317 SW 139TH CT
CITY-ST-ZIP MIAMI FL 33186

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

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

TITLE ☐ Change ☐ 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 617, 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

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90629 009 ****61.25



DO NOT WRITE IN THIS SPACE

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