

2001 UNIFORM BUSINESS REPORT¹(UBR)

3/8

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-08-2001 90132 037 ***150.00

DOCUMENT # P00000033550

1. Entity Name

GIL AT CORAL WAY, INC.

Principal Place of Business

**9360 SUNSET DR. #291
MIAMI FL 33173**

Mailing Address

**9360 SUNSET DR. #291
MIAMI FL 33173**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0996231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIL, AUGUSTO J
9360 SUNSET DR. #291
MIAMI FL 33173**

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

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, 2001 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 ☐ Delete

**P
NAME
GIL, AUGUSTO J
STREET ADDRESS
9360 SUNSET DR. #291
CITY-ST-ZIP
MIAMI FL 33173**

TITLE ☐ Delete

**S
NAME
GIL, JULIA
STREET ADDRESS
9360 SUNSET DR. #291
CITY-ST-ZIP
MIAMI FL 33173**

TITLE ☐ Delete

**T
NAME
GIL, ALEJANDRO
STREET ADDRESS
9360 SUNSET DR. #291
CITY-ST-ZIP
MIAMI FL 33173**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Augusto J Gil

3/5/01 (305) 598-4002

Date Daytime Phone #

CR2E034 (10/00)