

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 27 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057309

1. Entity Name

MEDITERRANEAN GALLERY, INC.



DO NOT WRITE IN THIS SPACE

300024100633
10/27/03--01006--005 **150.00

2. Principal Place of Business

3181 SW 13th Street

Suite, Apt. #, etc.

412

City & State

Miami, FL 33145

Zip

33145

Country

USA

3. Mailing Address

3181 SW 13th Street

Suite, Apt. #, etc.

412

City & State

Miami, FL 33145

Zip

33145

Country

USA

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1016171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSES, FRANCISCO

Street Address (P.O. Box Number is Not Acceptable)

3181 SW 13th Street

Suite 412

City

Miami

FL

Zip Code

33145

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME ROSES, FRANCISCO
STREET ADDRESS 3181 SW 13th Street # 412
CITY-ST-ZIP Miami, FL 33145

TITLE VD
NAME ACOSTA, JORGE
STREET ADDRESS 3181 SW 13th Street # 412
CITY-ST-ZIP Miami, FL 33145

TITLE SD
NAME INDA, JAVIER
STREET ADDRESS 3181 SW 13th street # 412
CITY-ST-ZIP Miami, FL 33145

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-644-9595

Daytime Phone #

CR2E034B (12/02)

MEDITERRANEAN GALLERY, INC.

3181 SW 13th Street
Suite 412
Miami, Fl. 33145

October 15, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

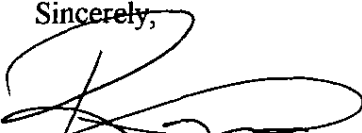
RE: Mediterranean Gallery Inc
Doc #P00000057309
FEI#65-1016171

Dear Sir/Madam:

This is to inform you that we never received the annual report form year 2003, you have the wrong address in your records, please waive the fees since we did not get the report form to file it on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclose necessary corrections to the report and check enclosed for the year 2003 for the amount of \$150.00

Sincerely,



~~Francisco Roses~~
President