

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

DOCUMENT # **P000000069775**
1. Entity Name

BIG GIL EXPRESS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
572 NW 98 CT.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33172 Country
USA

Zip Country

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
65-1027362
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name
AURORA FERNANDEZ GIL
Street Address (P.O. Box Number is Not Acceptable)
572 NW 98 CT.
City
MIAMI FL Zip Code
33172

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 **Aurora Fernandez Gil** DATE **11/01/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT AURORA FERNANDEZ GIL 572 NW 98 CT MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICEPRESIDENT DENISE GIL 572 NW 98 CT MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.
SIGNATURE: **Aurora Fernandez Gil** Date **11/01/02** Daytime Phone # **223 3107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Big Gil Express
572 NW 98 Ct.
Miami, Fl 33172**

December 10, 2002

**Florida Dept of State
Division of Corp.
P.O. Box 1500
Tallahassee, Fl 32302-1500**

Dear Sir/Madam:

I was unable to file the UBR timely due to several reasons. My company had moved and , of course, did not receive any documentation to renew. Also, my husband used to be the president and due to his poor health we had to restructure our small business. Also, I was alone performing the administrative and operational duties.

Kindly accept my check in order to be reinstated.

Sincerely,

A handwritten signature in cursive script, appearing to read "Aurora Fernandez".

**Aurora Fernandez
President**