

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90166 009 \*\*\*150.00

**DOCUMENT # P00000092681**

**1. Entity Name**  
**GOTTI CORP. INTERNATIONAL**



**Principal Place of Business** *7205 Corporate Center Dr. Suite 406 Miami FL 33126*  
**Mailing Address** *745 S.W. 35TH AVENUE #203 MIAMI FL 33135* *same*



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1051570**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GORRIZ DOMINGO**  
**745 S.W. 35TH AVENUE**  
**#203**  
**MIAMI FL 33135**

*Gustavo Peralta*  
*7205 Corporate Center Dr. Suite 406*  
*Miami FL 33126*

**Name** *GUSTAVO ZEVALLOS*  
**Street Address (P.O. Box Number is Not Acceptable)** *7205 Corporate Center Drive Suite 406*  
**City** *MIAMI* **FL** **Zip Code** *33126*

**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**

*4/7/03*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BASQUERIZO, GUSTAVO E</b>	
<b>STREET ADDRESS</b>	<b>745 S.W. 35TH AVENUE #203</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33135</b>	
<b>TITLE</b>	<b>SVD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DE ZEVALLOS, GINA V</b>	
<b>STREET ADDRESS</b>	<b>745 S.W. 35TH AVENUE #203</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33135</b>	
<b>TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>GORRIZ DOMINGO</b>	
<b>STREET ADDRESS</b>	<b>745 S.W. 35TH AVENUE #203</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33135</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<i>Cashier</i>	
<b>STREET ADDRESS</b>	<i>7205 Corporate Center Drive</i>	
<b>CITY-ST-ZIP</b>	<i>Suite 406</i>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<i>Monica, D.L.</i>	
<b>STREET ADDRESS</b>	<i>33126</i>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<i>OCTAVIO Gomez de Molina</i>	
<b>STREET ADDRESS</b>	<i>7205 Corporate Center Drive Suite 406</i>	
<b>CITY-ST-ZIP</b>	<i>Miami, D.L. 33126</i>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Block 11 if changed, or on an attachment with an address, with all other life empowered.**

**SIGNATURE:**

*Gustavo Peralta*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/7/03* *305 217-9904*

CR2E034 (10/02)