

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90182 009 \*\*\*150.00

**DOCUMENT #** *P00000108239*

1. Entity Name

Gigi's Resort By The Beach, Inc.



**DO NOT WRITE IN THIS SPACE**

**10016092**

2. Principal Place of Business  
3007 Alhambra Street

3. Mailing Address  
PO Box 23339

Suite, Apt. #, etc.  
Apt. 10

Suite, Apt. #, etc.

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

4. FEI Number  
65-1097074

Applied For  
Not Applicable

Zip  
33304

Country  
USA

Zip  
33307

Country  
USA

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

7. Name and Address of Current Registered Agent

Name PYE, THOMAS G. ESO

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

408 WEST UNIVERSITY AVE, STE 108-B

City GAINSVILLE

**FL**

Zip Code  
32601

**DO NOT WRITE  
IN THIS SPACE**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
JEANTY, LOUIS-VICTOR  
400 NE 115TH ST.  
MIAMI, FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PRESIDENT  
THOMAS GORMADY  
3007 ALHAMBRA ST., Apt. 10  
FT. LAUDERDALE, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

01/27/03

Date

(954) 523-5035

Daytime Phone #

CR2E034B (12/02)