

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90100 011 \*\*\*150.00

DOCUMENT # 100000109649

1. Entity Name

Gilberto y Julian de las Rias & Comp

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3684 Pine Hurst Dr

3. Mailing Address

3684 Pine Hurst Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33467

33467

4. FEI Number

65-1059578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gilberto de las Rias

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

11470 NW 4th Lane

City

Miami

FL

33172

**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.

SIGNATURE

Gilberto de las Rias

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2/1/03

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$81.25**

**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 President  
NAME De las Rias, Gilberto  
STREET ADDRESS 11470 NW 4th Lane  
CITY - ST - ZIP Miami, FL 33172

TITLE Vice President  
NAME De las Rias, Julian  
STREET ADDRESS 11470 NW 4th Lane  
CITY - ST - ZIP Miami, FL 33172

TITLE   
NAME   
STREET ADDRESS   
CITY - ST - ZIP

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

SIGNATURE:

Gilberto de las Rias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

DATE

DAYTIME PHONE

CR2E034B (12/01)