

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90212 028 ***150.00

12/26/02
AV

DOCUMENT # P01000034747



1. Entity Name
GEBEBE, INC.

Principal Place of Business
**151 CRANDON BLVD.
APT. 445
KEY BISCAYNE FL-33146. 33149**

Mailing Address
**151 CRANDON BLVD.
APT. 445
KEY BISCAYNE FL-33146 33149**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip **33149** Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **33149** Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1089582**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CALVO, LIZABETH F
328 CRANDON BLVD.
SUITE 226
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JULIO	
STREET ADDRESS	151 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33159 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACCO, GRACIELA B	
STREET ADDRESS	151 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33159 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: **X** ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03
Date

Daytime Phone #

CR2E034 (10/02)