

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91489 035 ***150.00

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1. Entity Name

GAINZA GRAPHIC DESIGN, INC.



Principal Place of Business

16850 NE 3RD COURT
NORTH MIAMI FL 33162

Mailing Address

16850 NE 3RD COURT
NORTH MIAMI FL 33162

2. Principal Place of Business

2025 NE 164 ST.

3. Mailing Address

2025 NE 164 ST

Suite, Apt. #, etc.

#307

Suite, Apt. #, etc.

#307

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33162

Country

US.

Zip

33162

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1094099

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAINZA, MIGUEL ANGEL
16850 NE 3RD COURT
NORTH MIAMI FL 33162

7. Name and Address of New Registered Agent

Name **GAINZA, MIGUEL ANGEL**
Street Address (P.O. Box Number is Not Acceptable)
2025 NE 164 ST
#307
City **MIAMI, FL** Zip Code **33162**

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/2003

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

TITLE **PD** ☐ Delete
NAME **GAINZA, MIGUEL ANGEL**
STREET ADDRESS **16850 NE 3RD COURT**
CITY-ST-ZIP **NORTH MIAMI FL 33162**

TITLE **VPD** ☒ Delete
NAME **GAINZA, MORAIMA**
STREET ADDRESS **16850 NE 3RD COURT**
CITY-ST-ZIP **NORTH MIAMI FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2003 (305) 9409809

Date

Daytime Phone #

CR2E034 (10/02)