

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

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90104 023 ***150.00

DOCUMENT # *P01000053262*

1. Entity Name

GI THERAPEUTIC CORPORATION

DO NOT WRITE IN THIS SPACE

980826

2. Principal Place of Business
1830 N.W 7 STREET

3. Mailing Address
1830 N.W 7 STREET

Suite, Apt. #, etc.
SUITE # 1007

Suite, Apt. #, etc.
SUITE #1007

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-111-0900

Applied For
Not Applicable

Zip
33125

Country
USA

Zip
33125

Country
USA

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GEHIDY MARTINEZ

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

1830 N.W 7 STREET SUITE #1007

City
MIAMI

FL

Zip Code
33125

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

Geidy Martinez

9/12/02

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

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 \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
GEHIDY MARTINEZ, PRESIDENT
1830 NW 7 STREET SUITE 1007
MIAMI FLORIDA 33125

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

Geidy Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 *786-457-6688*

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
982826

September 12, 2002

To: Uniform Business Report
Division Corporations
PO BOX 1500
Tallahassee, Florida 32302

From: Gehidy Martinez

~~GI-THERAPEUTIC CORPORATION~~

1830 N.W 7 STREET
SUITE # 1007
MIAMI FLORIDA 33125

Dear Sir

I am sending this letter to inform you, that I had never received my "Uniform Business Report". I called today Division Of Corporation and spoke to a lady call "JO" and told me to send you this letter and to download the "Uniform Business Report" from the internet.

I am sending you Ch# 0691 amount \$150.00

Any question call me Ph ;(786)4576688

Thank you for your time:

Gehidy Martinez