

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00100008227p

1. Entity Name

The Gingerbread Design Group, Inc.



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4030 N. Miami Ave.

Suite, Apt. #, etc.

3. Mailing Address

4030 N. Miami Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl.

City & State
Miami, Fl.

4. FEI Number 651135907

Applied For
Not Applicable

Zip
33127

Country
USA

Zip
33127

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Axelle Liautaud

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

4030 N. Miami Ave.

City
Miami, Fl.

Zip Code
33127

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

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
P
AXELLE LIAUTAUD
4030 N. MIAMI AVE.
MIAMI FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GABRIELLE GRISWOLD BRANDT
2321 SW 21 ST.
MIAMI FL 33145

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AXELLE LIAUTAUD January 15 2003 (3515)1299

Date

Daytime Phone

2/1/22