2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P01000094428 DOCUMENT

1. Entity Name

GIL DELGADO, INC.

| Principal Place of Business 4004 NW GOLDENROD RD APT 306 JENSEN BEACH FL 34957 | | APT 306 | 4004 NW GOLDENROD RD | | | | a na 1814 a nan a na 1 | | |
|--|--|--|----------------------|--|----------------------------------|---|---|---------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Stat | e | City & State | City & State | | 4. F | El Number 65-1138683 | Applied For Not Applicable | | |
| Zip | Country | Zip | Zip Coun | | 5. Certificate of Status Desired | | S8.75 Additional Fee Required | | |
| | 6. Name and Address of Curr | rent Registered Agent | Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| / | | | | Name | | | | | |
| - DELOADO - OU DEDE | | | | | | | | | |
| DELGADO, GILBERT | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 4004 NW GOLDENROD RD APT 306 | | | | | | | | | |
| JENSEN BEACH FL 34957 | | | | City | City FL Zip Co | | | - | |
| the obligat | named entity submits this stateme tions of registered agent. | nt for the purpose of changing | g its register | ed office or reg | gistered age | ent, or both, in the State of Florida. (| am familiar with, | and accept | |
| | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered a | agent and title if applicable. (| NOTE: Registere | d Agent signature re- | quired when re | instating) DA | TE | (| |
| | | <u> </u> | | | | | | ···· | |
| FILE NOW!!! FEE IS \$150.00 | | | | | | 9. Election Campaign Financing | \$5.0 | O May Be | |
| | r May 1, 2003 Fee will be \$550. c Payable to Florida Departmer | • • • • • • • • • • • • • • • • • • • | | | | Trust Fund Contribution. | | to Fees | |
| 10. | OFFICERS A | AND DIRECTORS | 11. | | AD | DITIONS/CHANGES TO OFFICERS | AND DIRECTORS | S IN 11 | |
| TITLE | Р | ☐ Delete | TITLI | E | | | Change | ☐ Addition | |
| NAME | DELGADO, GILBERT | | NAM | E I | | | | | |
| STREET ADDRESS | 4004 NW GOLDENROD RD | | STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP JENSEN BEACH FL 34957 | | | CITY | -ST-ZIP | | | | ļ | |
| TITLE | 02.102.11 042 1011 12 01007 | □ Delete | TITLE | : | | | [] Change | Addition | |
| NAME | | L Delete | NAM | | | | La Change | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | } | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
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| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | == <u>==</u> - | | | ☐ Change | ☐ Addition | |
| NAME | | L Delete | NAM | | | | C Ollarige | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | Ì | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| | | —————————————————————————————————————— | —-} | | | | [] At | f'il Augus | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| | | | | | | | | | |

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition

FILED

Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90133 036 ***150.00