

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90221 016 \*\*\*150.00

**DOCUMENT # P01000096741**

**1. Entity Name**  
**G.P. INTERIORS CORP.**



**Principal Place of Business**  
**8410 NW 29 ST**  
**FORT LAUDERDALE FL 33322**

**Mailing Address**  
**8410 NW 29 ST**  
**FORT LAUDERDALE FL 33322**

**2. Principal Place of Business**  
**12271 Royal palm Blvd**

Suite, Apt. #, etc.

**Apt N-8**

**City & State**  
**Coral Springs**

**Zip**  
**33065**

**Country**

**3. Mailing Address**  
**12271 Royal palm Blvd.**

Suite, Apt. #, etc.

**Apt N-8**

**City & State**  
**Coral Springs**

**Zip**  
**33065**

**Country**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **02-0541287**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**PATINO, GIOVANNI**  
**4759 NW 103RD AVE., BAY 18**  
**SUNRISE FL 33351**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PATINO, GIOVANNI</b>	
<b>STREET ADDRESS</b>	<b>4759 NW 103RD AVE., BAY 18</b>	
<b>CITY-ST-ZIP</b>	<b>SUNRISE FL 33351</b>	
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PATINO, BIVIANA</b>	
<b>STREET ADDRESS</b>	<b>4759 NW 103RD AVE., BAY 18</b>	
<b>CITY-ST-ZIP</b>	<b>SUNRISE FL 33351</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RAMIREZ, ELIZABETH</b>	
<b>STREET ADDRESS</b>	<b>4759 NW 103RD AVE., BAY 18</b>	
<b>CITY-ST-ZIP</b>	<b>SUNRISE FL 33351</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>PATINO, GIOVANNI</b>	
<b>STREET ADDRESS</b>	<b>12271 ROYAL PALM AVE. APT. N-8</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS, FL. 33065</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>PATINO BIVIANA</b>	
<b>STREET ADDRESS</b>	<b>12271 ROYAL PALM AVE. APT. N-8</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS, FL. 33065</b>	
<b>TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>RAMIREZ ELIZABETH</b>	
<b>STREET ADDRESS</b>	<b>12271 ROYAL PALM AVE. APT. N-8</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS, FL. 33065</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>LESLEY GARCIA</b>	
<b>STREET ADDRESS</b>	<b>12271 ROYAL PALM BLVD, APT N-8</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS, FL. 33065</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Giovanni H. Patino VPD 03/24/03 (954)3941021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)