

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90191 034 \*\*\*150.00

DOCUMENT # P 01 000 103609

1. Entity Name

UPHOLSTERY BY GIL CORP.

**DO NOT WRITE IN THIS SPACE**

80127365

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4266 SW 74 Ave

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-1149507

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GIL, OSMANI

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

6019 SW 128 CT

City

MIAMI

FL

Zip Code

33183

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent 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	PD
NAME	GIL, OSMANI
STREET ADDRESS	6019 SW 128 CT
CITY-ST-ZIP	MIAMI - FLA - 33155
TITLE	STD
NAME	GIL, NERIDA
STREET ADDRESS	3075 SW 19 ST
CITY-ST-ZIP	MIAMI - FLA - 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:

*Gil Osmani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-02

Date

305-PP7-4185

Daytime Phone #

CR2E034B (12/01)

**UPHOLSTERY BY GIL, CORP.**  
4266 SW 74 AVE  
MIAMI, FLORIDA, 33155

Attachment  
Document #  
7010000103609

Miami, June 30, 2002


Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL, 32302-1500

Ref: UBR payment year 2002

To Whom It May Concern:

This note is to communicate that the report to fill for this year was not received in our office, please check if you have the correct information in your records, include with this note you will find a check # 1582 for the amount of 150.00 as payment for the year 2002.

Thanks for your help.

  
Osmani Gil  
President