

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90095 027 ***150.00

DOCUMENT # PD1000103791

1. Entity Name

GEL STYLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1580 SAWGRASS CORP. PKWY

3. Mailing Address
1580 SAWGRASS CORP. PKWY

Suite, Apt. #, etc.
SUITE 130

Suite, Apt. #, etc.
SUITE 130

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number
65-1147962

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DUBROW DUKE & ASSOCIATES, P.A.

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

2832 UNIVERSITY DRIVE

City
CORAL SPRINGS

FL

Zip Code
33065

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REIS, JEFF 1411 ST GABRIELLE LN #3505 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT REIS, MARGARITA 1411 ST GABRIELLE LN #3505 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY REIS, JEFF 1411 ST GABRIELLE LN #3505 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER REIS, MARGARITA 1411 ST GABRIELLE LN #3505 WESTON, FL 33326
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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)(f), 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:

Jeffrey Reis

JEFFREY REIS PRESIDENT 4/27/02

954-315-4793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)