

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000103791

FILED
Apr 29, 2003
Secretary of State

Entity Name: GEL STYLE, INC.

Current Principal Place of Business:

1580 SAWGRASS CORP PKWY
STE 130
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORP PKWY
STE 130
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-1147962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.
2832 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REIS, JEFF
Address: 1411 ST. GABRIELLE LANE #3505
City-St-Zip: WESTON, FL 33326

Title: V () Delete
Name: REIS, MARGARITA
Address: 1411 ST. GABRIELLE LANE #3505
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: REIS, JEFF
Address: 1411 ST. GABRIELLE LANE #3505
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: REIS, MARGARITA
Address: 1411 ST. GABRIELLE LANE #3505
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF REIS

P

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date