


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90197 027 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000104465  
 1. Entity Name  
GERALDO FINISH DESIGN INC



55033562

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>7100 NW 6 AVE</u>		3. Mailing Address <u>7100 NW 6 AVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33150</u>	Country <u>MIAMI-DADE</u>	Zip <u>33150</u>	Country <u>MIAMI DADE</u>

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4. FEI Number <u>65-1155085</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CASTILLO GERARDO  
 Street Address (P.O., Box Number, is Not Acceptable)  
181 NW 97 AVE # 105  
 City MIAMI FL Zip Code 33172

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)

January 1, May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DP CASTILLO GERARDO 181 NW 97 AVE #105 MIAMI FL 33172</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRESIDENT 3-18-2003  
Signature and typed or printed name of signing officer or director Date District Phone #

GERARDO CASTRILLO

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