

FILED
May 19, 2003 8:00 am
Secretary of State

05-05-2003 92211 036 ***150.00
05-19-2003 90204 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107084

1. Entity Name
GORQUES, INC.

Principal Place of Business
**15459 SW 80 STREET
102-3
MIAMI FL 33183**

Mailing Address
**15459 SW 80 STREET
102-3
MIAMI FL 33183**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0550382

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORRIN, ALEJANDRA C
5841 NW 112 AVENUE
#116
MIAMI FL 33178**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input checked="" type="checkbox"/> Delete
P	ESPINOSA, AURORA A	15430 SW 35 TERRACE	MIAMI FL 33185	<input checked="" type="checkbox"/>
V	GORRIN, REYNALDO A	15459 SW 80 STREET #102-3	MIAMI FL 33183	<input type="checkbox"/>
T	RUIZ, AURORA	15430 SW 35 TERRACE	MIAMI FL 33185	<input checked="" type="checkbox"/>
S	GORRIN, GABRIELA	15459 SW 80 STREET # 102-3	MIAMI FL 33193	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	GORRIN, REYNALDO, A	15459 SW 80 ST #102-3	MIAMI, FL. 33193	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
REYNALDO A GORRIN

05-01-02

Date

305-281-4420

Daytime Phone #

CR2ED34 (9/01)