

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-24-2003 90951 033 ***150.00

DOCUMENT # P02000047343

1. Entity Name
GITASA MR, INC.



Principal Place of Business
**3325 AIRPORT PULLING ROAD #E 3-POINCIANA
NAPLES FL 34105**

Mailing Address
**3325 AIRPORT PULLING ROAD #E 3-POINCIANA
NAPLES FL 34105**



2. Principal Place of Business
1875-51st SW
Suite, Apt. #, etc.

3. Mailing Address
1875-51st SW
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES (FL)
Zip
34116
Country
USA

City & State
NAPLES (FL)
Zip
34116
Country
USA

4. FEI Number
03-0448122

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
MARCELLA PEREZ ROBLES
Street Address (P.O. Box Number is Not Acceptable)
1875-51st SW
City
NAPLES FL Zip Code
34116

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 *Marcella Perez Robles*

02/21/03
DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D ROBLES, MARCELLA PEREZ 3325 AIRPORT PULLING ROAD #E 3-POINCIANA NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Marcella Perez Robles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/03 (639) 784-9430
Date Daytime Phone #

CR2E034 (10/02)