

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

DOCUMENT # P02000057943

1. Entity Name

GADIFOX, INC.



FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 PM 3:56

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

2. Principal Place of Business
235 77th Street

3. Mailing Address
the same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, Florida

City & State

4. FEI Number
03-0451191

Applied For
Not Applicable

Zip
33141

Country

Zip

Country

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 Spiegel & Utrera, P.A.

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

1840 Southwest 22 Street, 4th Floor

City Miami

FL

Zip Code
33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By: Natalia Utrera, Vice-President

Signature, typed name of registered agent, title of registered agent (required when reinstating)

DATE

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
PSTD
Gonzalez, Rita Nancy
235 77th Street, Miami Beach, Florida 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200025170582
12/11/03--01060--014 **600.00

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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:

Rita Nancy Gonzalez

Rita Nancy Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #

CR2E034B (12/02)