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

Sep 05, 2003 8:00 am Secretary of State P02000087526 DOCUMENT # 09-05-2003 90116 009 ***150.00 1. Entity Name GOMEZ BAIL BONDS, INC. Principal Place of Business Mailing Address 1721 S.W. 74 AVENUE ROAD 1721 S.W. 74 AVENUE ROAD MIAM! FL 33155 MIAMI FL 33155 2. Principal Place of Business Mailing Address .0 box 5 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES WIBON City & State City & State 4. FEI Number Applied For Elorida Not Applicable Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOMEZ, FABIOLA Street Address (P.O. Box Number is Not Acceptable) 1721 S.W. 74 AVENUE ROAD **MIAMI FL 33155** Zip Code 8. The above named entity submits his 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 Signature, typed or printed there of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be -After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change GOMEZ, FABIOLA NAME NAME 1721 S.W. 74 AVENUE ROAD STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GOMEZ, BRYÄNN NAME NAME 1721 S.W. 74 AVENUE ROAD STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME GOMEZ. MAREK NAME STREET ADDRESS 1721 S.W. 74 AVENUE ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition GOMEZ, JUAN T NAME NAME 1721 S.W. 74 AVENUE ROAD STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the corporation of the receiver of the corporation of the corp

SIGNATURE:

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attachment

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August 29, 2003 Miami, Florida

To: Florida Department Of State

Re: doc#Po2000087526

Corporation Named:

GOMEZBAILBOND, INC.

To: Whom it may concern,

My name is Fabiola Gomez, on behalf of GOMEZ BAILBOND,INC. I'm writing this letter to inform you, that I did not received the first letter, my Uniform Business Report.

I would appreciate it if this time you waived the late fee. I'm sending you, the \$150.00 now. If any question please call me at (305) 266-0251.

Thank you Sincerely,

GomezBailbond

cc.g.b.

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