

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 019 ***150.00

DOCUMENT # P02000103495

1. Entity Name
THE GIGA PLACE, INC.



Principal Place of Business
**7252 NW 31ST STREET
MIAMI FL 3312**

Mailing Address
**7252 NW 31ST STREET
MIAMI FL 3312**

2. Principal Place of Business

3. Mailing Address

**7105 SW 8 ST
309**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

33144

Country

4. FEI Number

06-164 8694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARON,
7252 NW 31ST STREET
MIAMI FL 3312**

Name

VARON ADOLFO L.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent and title if applicable.

ADOLFO L. VARON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VARON, ADOLFO L**
STREET ADDRESS **16566 SW 76TH STREET**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SANCHEZ, LUIS G**
STREET ADDRESS **13811 SW 149TH CIRCLE LANE APT 4**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Claud** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Claudia Valenzuela**
STREET ADDRESS **16566 S.W 76 ST**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **MARTHA SANCHEZ**
STREET ADDRESS **13811 SW 149 CIRCLE LN #4**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-03 786-621-3372

Date

Daytime Phone #

CR2E034 (10/02)