

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90072 020 \*\*\*150.00

**DOCUMENT # P02000111764**

1. Entity Name  
**GISI, INC.**



Principal Place of Business  
**20281 EAST COUNTRY CLUB DRIVE  
APARTMENT 1606  
AVENTURA FL 33180**

Mailing Address  
**20281 EAST COUNTRY CLUB DRIVE  
APARTMENT 1606  
AVENTURA FL 33180**

2. Principal Place of Business  
**3014 N.W. 25th Ave**

3. Mailing Address  
**3014 N.W. 25th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

4. FEI Number  
**82-0568476**

Applied For  
Not Applicable

Zip  
**33069**

Country  
**Broward**

Zip  
**33069**

Country  
**Broward**

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**LOOMAR, L. GREGORY  
1152 NORTH UNIVERSITY DRIVE  
PEMBROKE PINE FL 33024**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete  
NAME **D SCHRELBSTEIN, SIDNEY**  
STREET ADDRESS **20281 EAST COUNTRY CLUB DR., APT. 1606**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
NAME **D GIGLIOTTI, TOM**  
STREET ADDRESS **129 NW 25TH TERRACE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **D. Gigliotti, Tom**  
STREET ADDRESS **9875 Napoli Woods Lane**  
CITY-ST-ZIP **Delray Beach, FL 33446**

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

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

TITLE ☐ Change ☐ Addition  
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 and Typed or Printed Name of Signing Officer or Director**

Date

Daytime Phone #

CR2E034 (10/02)