

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90396 036 ***150.00

0007431 AT

DOCUMENT # P02000125142

1. Entity Name

GYCOL SERVICES, INC.



Principal Place of Business

7920 COLONY CIRCLE #209
TAMARAC FL 33068

Mailing Address

7920 COLONY CIRCLE #209
TAMARAC FL 33068

2. Principal Place of Business

7920 COLONY CIRCLE

Suite, Apt. #, etc.

209

3. Mailing Address

7920 COLONY CIRCLE

Suite, Apt. #, etc.

209

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33319

Country

U.S.A.

Zip

33319

Country

U.S.A.

4. FEI Number

36-4514412

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

GIRALDO, GESELLE

7920 COLONY CIRCLE #209

TAMARAC FL 33068

7. Name and Address of New Registered Agent

Name

GIRALDO, GESELLE

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

7920 COLONY CIRCLE #209

City

TAMARAC

FL

Zip Code

33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/03

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIRALDO, GESELLE	
STREET ADDRESS	7920 COLONY CIRCLE #209	
CITY-ST-ZIP	TAMARAC FL 33068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALZATE, ARWIN	
STREET ADDRESS	6982 SW 19 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRALDO, GESELLE	
STREET ADDRESS	7920 COLONY CIRCLE #209	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALZATE, ARWIN	
STREET ADDRESS	6982 SW 19 COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gerald G. Giraldo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/03

CR2E034 (10/02)