

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90052 021 ***150.00

0212230 AV

DOCUMENT # **P93000044931**

1. Entity Name
GISELA MARTIN & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~2701 LE JEUNE ROAD - SUITE 328~~ **285 SEVILLA AVE, 200 FLOOR** ~~2701 LE JEUNE ROAD - SUITE 328~~ **285 SEVILLA AVE, 200 FLOOR**
 CORAL GABLES FL 33134 CORAL GABLES FL 33134
 US US



2. Principal Place of Business **285 SEVILLA AVE, 200 FLOOR**
 Suite, Apt. #, etc. **2000 FLOOR**
 City & State **CORAL GABLES, FL**

3. Mailing Address **285 SEVILLA AVE, 2000 FLOOR**
 Suite, Apt. #, etc. **2000 FLOOR**
 City & State **CORAL GABLES, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0419947** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SKRLD, INC.
201 ALHAMBRA CIR
STE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **LITON, CUTLER & ZABUDAWSKI, LLC**
 Street Address (P.O. Box Number is Not Acceptable) **350 EAST LAS OLAS BLVD, SUITE 1250**
 City **Ft. Lauderdale** FL Zip Code **33301**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORALES-MARTIN, GISELA	
STREET ADDRESS	2701 LE JEUNE ROAD 285 SEVILLA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GISELA MARTIN* **1/10/02** **(305) 448-9943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)