

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035234

1. Entity Name

GAMBOLI & CRIS INCORPORATED

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90021 008 ***150.00

Principal Place of Business

1840 W. 49TH STREET
#511
HIALEAH FL 33012

Mailing Address

1840 W. 49TH STREET
#511
HIALEAH FL 33012-2950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0501227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, GISELA
7235 GLEN EAGLE DRIVE
MIAMI LAKES FL 33014

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME

PVST
VALDEZ, NOEL
1840 W. 49TH STREET, #511
HIALEAH FL 33012

☒ Delete

TITLE
NAME

D
VALDEZ, NOEL
1840 W. 49TH STREET, #511
HIALEAH FL 33012

☒ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

PRESIDENT
GISELA GARCIA
1840 W 49 ST #511
HIALEAH, FL. 33012

☒ Change ☐ Addition

TITLE
NAME

VICE-PRESIDENT
PEDRO P. FIALLO
1840 W 49 ST #511
HIALEAH, FL. 33012

☒ Change ☐ Addition

TITLE
NAME

☐ Change ☐ Addition

TITLE
NAME

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NAME

☐ Change ☐ Addition

TITLE
NAME

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)