

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000040148

1. Entity Name

A. Gil Enterprises, Inc.

FILED

02 APR 22 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8020 NW 68th St.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State

4. FFI Number

65-0494940

Applied For
Not Applicable

Zip
33166

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Milagros Crespo

Street Address (P.O. Box Number is Not Permissible)
8020 NW 68th St.

Miami

FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

STREET ADDRESS
CITY - ST - ZIP

P. Milagros Crespo
8020 NW 68th St.
MIAMI, FL 33166

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

700005393467-8

-04/30/02--01060--021

****600.00 ****600.00

TITLE
NAME

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Name

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$600.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **A. GIL ENTERPRISES, INC.**

Thank you for your courtesy in this matter.



MILAGROS CRESPO
PRESIDENT