

DOCUMENT # 1 P94000084772

1. Entity Name

SUSAN GILBERT INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90002 046 ***150.00

Principal Place of Business

Mailing Address

600 BRICKELL AVE #206A
MIAMI, FL 33131

2. Principal Place of Business

600 BRICKELL AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

206 A

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0549742

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Robert J. Levine, Esq.
LEVINE + PARTNERS, P.A.
1110 BRICKELL AVENUE #700
MIAMI, FL 33131

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SECRETARY/TREASURER ☐ Delete
NAME SUSAN GILBERT
STREET ADDRESS 600 BRICKELL AVENUE 206A
CITY-ST-ZIP MIAMI, FL 33131TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/2000 305-371-6054

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DO068655

SUSAN GILBERT INC.

June 20, 2000

DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

Since late April I have been trying to contact your office regarding my filing for this corporation for this year. I never received a preprinted form which I have always received in past years and only realized that the form never arrived when I went through my normal accounting procedures of payments due.

I was finally told today that your department only sends these forms as a "courtesy" and that it is my obligation to file on time although you will accept the enclosed form with a check for \$150.00 with an explanation as to why it is late.

Thank you for your attention to this matter.

Sincerely,

Susan Gilbert
Susan Gilbert