FILED
Jun 09, 2003 8:00 am
Secretary of State
05-05-2003 91867 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5

DOCUMENT #P94000084773

1. Entity Name
SUSAN GILBERT INC.

DO NOT WRITE IN THIS SPACE

55047147

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1 GROVE ISLE DRIVE		
Suite, Apt. #, etc. #307	Suite, Apt. #, etc.	
City & State MIAMI, FL	City & State	4. FEI Number 65-0549742 ☐ Applied For ☐ Not Applicable
Zip 33133 Country	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ROBERT LEVINE, LEVINE & PARTNERS PA

Street Address (P.O. Box Number is Not Acceptable) 110 BRICKELL AVENUE 7TH FL

City MIAMI FL Zip Code 33131

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	SUSAN GILBERT
STREET ADDRESS	ONE GROVE ISLE DR. #307
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E530B (12/02)

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

SIGNATURE: Susan Gilbert 4/30/2003 305-854-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #