2000 UNIFORM BUSINESS REPORT (UBR)

P81982

FILED
00 OCT -5 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000096786

1. Entity Name
GIL & ASSOCIATES, INC

Principal Place of Business	Mailing Address
2787 E OAKLAND PARK BLVD # 202 FORT LAUDERDALE, FL 33308	

2. Principal Place of Business	3. Mailing Address
2787 E OAKLAND PARK BLVD	2787 E OAKLAND PARK BLVD
Suite, Apt. #, etc. #202	Suite, Apt. #, etc. #202
City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE, FL
Zip 33308 Country USA	Zip 33308 Country USA

4. FEI Number 65-0629783 ☐ 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
-DIANE S. JASMINE 2787 E OAKLAND PARK BLVD #202 FORT LAUDERDALE, FL 33308	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: Diane Jasmine DIANE JASMINE, PRESIDENT 9/20/2000
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) ☐

FILED NOW!!! FEE IS $550.00 After SEPTEMBER 13, 2000 Mail will be $750.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D DIANE S. JASMINE 2787 E OAKLAND PARK BLVD #202 FORT LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003433694--7 -10/20/00--01061--011 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE JASMINE Diane Jasmine PRESIDENT 9/20/2000 (954) 565-6788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #