2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 23, 2001 8:00 am
Secretary of State
04-30-2001 90387 010 ***150.00

DOCUMENT # P96000066941

1. Entity Name

GILI CORPORATION

Principal Place of Business	Mailing Address
17275 COLLINS AVE UNIT 311 N MIAMI BEACH FL 33160	17275 COLLINS AVE UNIT 311 N MIAMI BEACH FL 33160-3443

- 40011

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.: 302
City & State: SUNNY ISLES, FL 33160	City & State: SUNNY ISLES FL 33160
Zip / Country	Zip / Country

4. FEI Number: 65-1021209 ☐ 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
CALVO, LIZABETH F PA 328 CRANDON BLVD. SUITE 226 MIAMI FL 33149	Name: JOSE L RIERA CPA Street Address (P.O. Box Number is Not Acceptable): RIERA & ASSOCIATES 340 SEVILLA AVE City: CORAL GABLES FL Zip Code: 33134

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: Jose L. Riera CPA — DATE: 5/14/01
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ GUILLERMO 172 75 COLLINS AVE, UNIT 311 N MIAMI BEACH FL 33160	☐ Delete		XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, LILIANA 17275 COLLINS AVE. UNIT 311 N MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP UNIT 302 SUNNY ISLES FL 33160	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PABLO M LOPEZ 17275 COLLINS AVE UNIT 311 N MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D UNIT 302 SUNNY ISLES, FL 33160	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATALIA A LOPEZ 17275 COLLINS AVE UNIT 311 N MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP S UNIT 302 SUNNY ISLES FL 33160	XX Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: NATALIA A LOPEZ — 4/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #