

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

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90086 022 \*\*\*150.00

DOCUMENT # P96000066941

1. Entity Name  
G.L. Corp.

**DO NOT WRITE IN THIS SPACE**

92174

2. Principal Place of Business  
17275 COLLINS AVE

3. Mailing Address  
17275 COLLINS AVE

Suite, Apt. #, etc.  
UNIT 302

Suite, Apt. #, etc.  
UNIT 302

City & State  
SUNNY ISLES FL

City & State  
SUNNY ISLES FL

4. FEI Number  
65-1021209

Applied For  
Not Applicable

Zip  
33160

Country  
USA

Zip  
33160

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
RIERA JOSE L. CPA

Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
D  
LOPEZ GUILLERMO  
17275 COLLINS AVE - UNIT 302  
SUNNY ISLES FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOPEZ LILIANA  
17275 COLLINS AVE. UNIT 302  
SUNNY ISLES FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
NATALIA DUNAV  
1273 PRESIDIO DRIVE  
WESTON - FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOPEZ PABLO  
17275 COLLINS AVE  
SUNNY ISLES FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Guillermo Lopez 06/07/2002 305-9474576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)