

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-29-2002 90194 043 ***150.00

DOCUMENT # P97000032476

1. Entity Name

GILES MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

1717 N. BAYSHORE DRIVE #1147
MIAMI FL 33132

Mailing Address

1717 N. BAYSHORE DRIVE #1147
MIAMI FL 33132

2. Principal Place of Business

~~555 NE 15th Street~~

3. Mailing Address

~~1717 N. BAYSHORE DRIVE~~

Suite, Apt. #, etc.

~~Suite 7712~~

Suite, Apt. #, etc.

~~# 4047~~

City & State

~~MIAMI FLORIDA~~

City & State

~~MIAMI FLA~~

Zip

~~33132~~

Country

~~USA~~

Zip

~~33132~~

Country

~~USA~~

4. FEI Number

65-0771072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ.
RIVERGATE PLAZA, SUITE 300
444 BRICKELL AVE.
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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **D**
NAME **GILES, DAVID**
STREET ADDRESS **1717 N. BAYSHORE DR. #1147**
CITY-ST-ZIP **MIAMI FL 33132**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Giles **DAVID L GILES** 4/09/02 305 379 7118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)