## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000053028 **DOCUMENT #** 1. Entity Name

GILES CONSULTING CONTRACTORS, INC.



## **FILED** Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90053 002 \*\*\*150.00

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Principal Place of Business Mailing Address								1	***	A		
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HOLLYWOOD FL 33020				HOLLYWOOD FL 33020								
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Zip Country			Zip	Zip Cour			dry ']		Certificate of Status Desired		\$8.75 Add	
<del></del> ,		_ <del></del>					Fee Required					
6. Name and Address of Current Registered Agent								7. N	lame and Address of New Reg	gistered /	Agent	
							Name					
MALINSKI, NORMAN ESQ				·			Street Address (P.O. Box Number is Not Acceptable)					
2875 NOF	RTHEAST 19	1ST STREET										
SUITE 508	3					]			•			
AVENTURA FL 33180				I							Zip Cod	
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8. The above	named entity	submits this statement	for the purp	oose of changing its	registere	ed office or i	registere	ed age	ent, or both, in the State of Florid	da. I am f	amiliar with,	and accept
the obligat	ions of regist	ered agent.										
SIGNATURE .	·											
SIGNATORE .	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOTE	: Registered	d Agent signatur	re required	when rei	instating)	DATE		
	II E NOWII	! FEE IS \$150.00		<del> </del>								
		: ,FEE 13 \$150.00 13 Fee will be \$550.00	ı	:					<ol><li>Election Campaign Finar</li></ol>	~		<b>0</b> мау Ве
					Trust Fund Contribution.		Added	to Fees				
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11									DITIONS/CHANGES TO OFFIC	EDG AND	DIRECTOR	S IN 11
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I hereby certify that the information supplied with this filling 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 Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANATURE SECURICIEN R SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR