

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059945

1. Entity Name

GIGI OTERO PUBLIC RELATIONS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90028 029 ***150.00

Principal Place of Business

1795 SW 14TH AVE
 MIAMI FL 33145

Mailing Address

1795 SW 14TH AVE
 MIAMI FL 33145-1650

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0770800

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OTERO, GEORGINA
 915 8TH ST
 APT 207
 MIAMI BEACH FL 33139

Name

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

1795 SW 14 AV

City

Miami

FL

Zip Code

33145

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS OTERO, GEORGINA
 CITY-ST-ZIP 915 8TH ST APT 207
 MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
 NAME P/K
 STREET ADDRESS 1795 SW 14 AV
 CITY-ST-ZIP Miami, FL 33145

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgina Otero

4/29/00

Date

305 8566452

Daytime Phone #

CR2E034 (9/99)