2002 UNIFORM BUSINESS REPORT (UBR)

P97000081639 **DOCUMENT #**

1. Entity Name

GORDILLO SERVICES, INC.

FILED May 20, 2002 8:00 am Secretary of State 05-20-2002 90036 029 ***150.00

2. Pincipal Place of Business Suite, Apt. #, etc. Suite, Apt.	Principal Place 8800 N. LAKI DAVIE FL 333	E PARK CIRCI		Mailing Address 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 US				4 ~ J ~ &				
City & State Country Zip Country Signer: Address of Current Registered Agent File North Personal Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of Rev Registered Agent To N	2. Principal F	Place of Busin	ness	3. Mailing Address							T 11110 1811 1991	
Zip Country Zip Country S. Certificate of Status Desired \$5.0787357 Not Applicable \$5.00 Applicable	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Se. Try addition of Stratus Desired Se. Try Additional Se. Try Additional Se. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name	City & Stat	te		City & State			4.	. FEI Number 65-078	7357		• •	
MONTOYA, A 281 SW 100 AVE PEMBROKE PINES FL 33025 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 STREET ADDRESS AND DIRECTORS 10. DEFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. Addition Make Check Payable to Department of State 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 16. Decide Trust Fund Contribution. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. TITLE ORDIDLO, GUIDO Make Check Payable to Department of State 19. TITLE ORDIDLO, FOLIANDA STREET ADDRESS ORTY-ST-2P DAVIE FL 33328 17. ST-2P DAVIE FL 33328 17	Zip		Country	Zip Country			5.	Certificate of Status De	sired	\$8.75 Ad	lditional	
MONTOYA, A 261 SW 100 A/E PEMBROKE PINES FL 33025 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 9. This corporation is digible to satisfy its intangible Tax flag requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State of Floridals added to Floridals and Englished to satisfy its intangible Tax flag requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State of Floridals and Englished to satisfy its intangible Tax flag requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State of Floridals and Englished to satisfy its intangible Tax flag requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State of Floridals and Englished to Satisfy its Intangible Tax flag requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Operation of State Interest Floridals and Englished to Satisfy its Intangible Tax flag requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Operation of State Interest Floridals and Englished to Satisfy Interest Floridals and Englished Tax Flag Satisfy Interest Flag		6. Name	and Address of Current I	Registered Agent				<u> </u>				
Street Address (P.C. Box Number Is Not Acceptable) City FL Zip Code	MONTOV	• • • • • • • • • • • • • • • • • • •			-Name			·				
PEMBROKE PINES FL 33025 City FL Zip Code		•			Street Address			P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Syndare, synda or printed name of impostered agent and little if exploitables. (MOTE Registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See critoria on back) Tax filing requirement and elects to do so. (See critoria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY-ST-2P DAVIE FL 33328 TITLE OB ORDILLO, VOLANDA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 TITLE DAVIE FL 33328 TITL		–	1 33025									
S. 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 9. This corporation is oligible to satisfy its Intangible 7st filing requirement and elects to do so. (See criteria on back) POFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE OGRODILLO, GUIDO 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OGRODILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE FL 33328 CITY-ST-2P TITLE OBIEN TITLE MAME STREET ADDRESS CITY-ST-2P Change Addition TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P Change Addition Change Addition MAME STREET ADDRESS CITY-ST-2P Change Addition Change Addition MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P Change Addition Cha	, Entertone I Made I C doubt								F	Zip Cod	de .	
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Systation, speed or printed name of regulatered agent and after it applications. (NOTE regulatered Agent signatures required when re-including). 9. This corporation is edigible to satisfy its Intangible. Tax filling requirement and elects to do so. Make May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS ITTUE ORDINLLO, GUIDO 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 OGITY-ST-ZIP TITLE SD OGROBILLO, YOLANDA 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 TITLE SD OGROBILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 TITLE SD OGROBILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 TITLE SD OGROBILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 TITLE SD OGROBILLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 TITLE SD ORDINLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 TITLE STREET ADDRESS CITY-ST-ZIP TITLE SD ORDINLO, KARLA 8800 N. LAKE PARK CIRCLE DAVIE F1 33328 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRE												
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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	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	T ADDRESS ST-ZIP				-		

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:X

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #