2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \(\(\frac{1}{2}\)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000022883** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** GINA APARTMENTS, INC. 01-27-2000 90097 028 ***150.00 Principal Place of Business Mailing Address 9765 SW 58 STREET 9765 SW 58 STREET MIAMI FL 33173 MIAMI FL 33173-1491 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0822173 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAMAYO, FELIPE Street Address (P.O. Box Number is Not Acceptable) 9765 SW 58 STREET **MIAMI FL 33173** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE TAMAYO, FELIPE NAME STREET ADDRESS STREET ADDRESS 9765 SW 58 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change TITLE ☐ Delete ☐ Addition TAMAYO, GEORGINA NAME STREET ADDRESS 9765 SW 58 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change □ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 an address, with all other like empowered.

Daytime Phone #