

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020219

1. Entity Name

GISELA SALES PROMOTIONS, INC.

Principal Place of Business

5701 COLLINS AVENUE, NO. 1603
MIAMI BEACH FL 33140

Mailing Address

5701 COLLINS AVENUE, NO. 1603
MIAMI BEACH FL 33140-2341

2. Principal Place of Business

5701 COLLINS AVE.

3. Mailing Address

5701 COLLINS AVE.

Suite, Apt. #, etc.

SUITE # 1512

Suite, Apt. #, etc.

SUITE # 1512

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

Zip

33140 USA

Zip

33140

Country

USA

4. FEI Number

65-0919368

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINES-CONTE, ELIZABETH C ESQ.
3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

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, 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/S SILVIA G. QUINTANA
STREET ADDRESS	5701 COLLINS AVE. # 1512
CITY-ST-ZIP	MIAMI BEACH FL. 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

S. Yvela Quintana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/29/2000

Daytime Phone #

(305) 868 0120

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90765 001 ***150.00

05-19-2000 90765 002 *****8.75



DO NOT WRITE IN THIS SPACE