

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000025792

1. Entity Name

GESELL VILLAGE CORPORATION

FILED

May 24, 2000 8:00 am
Secretary of State

04-19-2000 90007 017 ***150.00

Principal Place of Business

8470 SW 154 CIR CT. #810
MIAMI FL 33193

Mailing Address

8470 SW 154 CIR CT. #810
MIAMI FL 33193-1228

2. Principal Place of Business

8470 SW 154 Cir Ct.
810
City & State
Miami FL
Zip
33193 Country
USA

3. Mailing Address

8470 SW 154 Cir Ct.
Suite, Apt. #, etc. 810
City & State
Miami FL
Zip
33193 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0910804

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MANUEL O
8470 SW 154 CIR CT. #810
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name
Manuel Gonzalez
Street Address (P.O. Box Number Is Not Acceptable)
8470 SW 154 Cir Ct. Suite 810
City
Miami FL Zip Code
33193

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)

4/12/00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/10/00: (305) 387-7368
Date Daytime Phone #

CR2E034 (9/99)