

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025792

1. Entity Name

GESELL VILLAGE CORPORATION

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90068 035 \*\*\*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

059816

2. Principal Place of Business

8470 SW 154 CIR CT 810.

3. Mailing Address

8470 SW 154 CIR CT

Suite, Apt. #, etc.

810

Suite, Apt. #, etc.

810

City & State

Miami

City & State

Miami

Zip

33193

Country

USA

Zip

33193

Country

USA

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

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)

3/29/01

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, 2001 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 P  
NAME GONZALEZ, MANUEL O  
STREET ADDRESS 8470 W 154 CIRCLE CT, SUITE #810  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE VP  
NAME GONZALEZ, MARIA A  
STREET ADDRESS 8470 SW 154 CIRCLE CT, #810  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

3-29-01 (305) 3877368

CR2E034 (10/00)