

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051785

1. Entity Name  
**GILLY ENTERPRISES INC**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90117 044 \*\*\*150.00

Principal Place of Business  
**1717 N. BAYSHORE DR., STE. 2740  
MIAMI FL 33132**

Mailing Address  
**3530 MYSTIC POINTE DR.  
MIAMI FL 33180**

2. Principal Place of Business  
**19707 NE 36<sup>th</sup> CT**  
Suite, Apt. #, etc.  
**27 G**

3. Mailing Address  
**P.O. Box 4470**  
Suite, Apt. #, etc.  
**Hallandale, FLA**

City & State  
**Aventura FLA**

City & State  
**Hallandale, FLA**

4. FEI Number **65-0947270** Applied For  
Not Applicable

Zip **33180** Country **FLA USA** Zip **33008** Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSENBERG, GILDA**  
**1717 N. BAYSHORE DR., STE. 2740**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent  
Name **ALAN Rosenberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**19707 NE 36<sup>th</sup> CT #27 G**  
City **Aventura** FL Zip Code **33180**

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 **X** *[Signature]* (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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBERG, GILDA</b>		NAME	<b>ALAN Rosenberg</b>	
STREET ADDRESS	<b>1717 N. BAYSHORE DR., STE. 2740</b>		STREET ADDRESS	<b>19707 NE 36<sup>th</sup> CT #27 G</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>		CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **X** *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00042331



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)