

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051785

1. Entity Name

GILLY ENTERPRISES INC

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 36th CT

3. Mailing Address

P O Box 4470

Suite, Apt. #, etc.

27 G

Suite, Apt. #, etc.

Hallandale, FLA

City & State

Aventura FLA

City & State

Zip

33180

Country

FLA - USA

Zip

33008

Country

4. FEI Number

65-0947270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75⁰⁰ Additional

Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, GILDA
1717 N. BAYSHORE DR., STE. 2740
MIAMI FL 33132

Name ALAN Rosenberg

Street Address (P.O. Box Number is Not Acceptable)

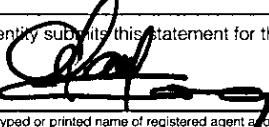
19707 NE 36th CT #27 G

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 

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, 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 PST
NAME ROSENBERG, GILDA
STREET ADDRESS 1717 N. BAYSHORE DR., STE. 2740
CITY-ST-ZIP MIAMI FL 33132

Delete

TITLE PST
NAME ALAN Rosenberg
STREET ADDRESS 19707 NE 36th CT #27 G
CITY-ST-ZIP Aventura, FL 33180

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

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 #

UUUCCCCC



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)