

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 012 ***150.00

DOCUMENT # P99000060930

1. Entity Name
 Gilisa and Co., Inc.

Principal Place of Business
 705 SE 2nd Ct.
 Fort Lauderdale
 FL 33301

Mailing Address

2. Principal Place of Business
 3042 N. Federal Hwy
 Suite, Apt. #, etc.
 200

3. Mailing Address
 3042 N. Federal Hwy
 Suite, Apt. #, etc.
 200

City & State
 Fort Lauderdale, FL

City & State
 Fort Lauderdale, FL

Zip
 33306

Country
 USA

Zip
 33306

Country
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0932497

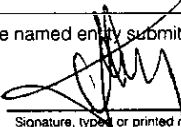
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 Spiegel & Utter, P.A.
 343 Almeria Ave
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent
 Name
 Franklin M. Peto
 Street Address (P.O. Box Number is Not Acceptable)
 3042 N. Federal Hwy #200
 City
 Fort Lauderdale FL Zip Code
 33306

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  Franklin M. Peto President 4-24-00

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.P. Peto, Franklin M 705 SE 2nd Ct. Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.P. Peto, Franklin M 3042 N. Federal Hwy #200 Fort Lauderdale, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maleyre Giles 705 SE 2nd Court Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maleyre, Giles 3042 N. Federal Hwy #200 Fort Lauderdale, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	St Maleyre, Isabelle 705 SE 2nd Court Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	St Maleyre, Isabelle 3042 N. Federal Hwy #200 Fort Lauderdale, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  Franklin M. Peto President 4-24-00 954-630-9746

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)