

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000091018

1. Entity Name

GLORIA DOMINGUEZ HANDCRAFT, INC



03-AUG 22 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400022660434
08/23/03--01013--007 **450.00

REINSTATEMENT 01-03

2. Principal Place of Business

4823 EAST 10 LANE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

Zip

Country

33013

Zip

Country

4. FEI Number

65-0966415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PABLO L. APONTE

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

4823 EAST 10 LANE

City

HIALEAH

FL

Zip Code

33013

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pablo L. Aponte

08-21-2003

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRESIDENT
PABLO L. APONTE
4823 EAST 10 LANE
HIALEAH, FL 33013**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pablo L. Aponte

08-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

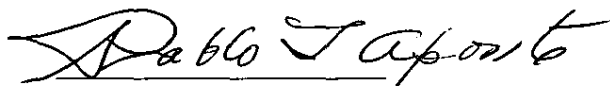
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 450.00 for the annual report fee with my application.

Please be advise that we moved since November 01, 2000 to 4823 W 10th AVE
HIALEAH, FL 33144 and we did not receive the U.B.R. for the years, 2001, 2002 and
2003, or any other notice from the Division of Corporations in respect with the
Corporation **GLORIA DOMINGUEZ HANDCRAFT INC.**

Thank you for your courtesy in this matter.



PABLO L APONTE
PRESIDENT