FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000091018**

1. Entity Name

GLORIA DOMINGUEZ HANDCRAFT, INC

400022660434
08/29/03--01013--007 **450.00

REINSTATEMENT 01-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4823 EAST 10 LANE Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.
City & State: HIALEAH, FLORIDA	City & State:
Zip: 33013 Country:	Zip: Country:

4. FEI Number: 65-0966415 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

Signature, typed or printed name of registered agent and title if applicable. (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	PRESIDENT
NAME	PABLO L. APONTE
STREET ADDRESS	4823 EAST 10 LANE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 #

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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

PABLO L APONTE
PRESIDENT