

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90019 017 ***158.75

DOCUMENT # **P99000104441**
 1. Entity Name **gil SAM, Inc.**

Principal Place of Business Mailing Address
 4

00088911

2. Principal Place of Business **4875 No Fed Hwy**
 Suite, Apt. #, etc. **10th Floor**
 City & State **PORT LAND FL**
 Zip **33308** Country **USA**

3. Mailing Address **9864 NW 6 COURT**
 Suite, Apt. #, etc.
 City & State **PLANTATION FL**
 Zip **33324** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0968891**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHARON A MARTINO
4875 No Fed Hwy
10th Floor
PORT LAND FL 33308

7. Name and Address of New Registered Agent
 Name **SHARON A MARTINO**
 Street Address (P.O. Box Number is Not Acceptable) **9864 NW 6 COURT**
 City **Plantation FL** Zip Code **33324**

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 **SHARON A MARTINO** **4/29/2000**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **President**

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D/S
STREET ADDRESS	SHARON A MARTINO
CITY-ST-ZIP	9864 NW 6 COURT
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/T
STREET ADDRESS	Gil Guzman Jr
CITY-ST-ZIP	9864 NW 6 COURT
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SHARON A MARTINO** **4/29/2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **954 424-7511**

CR2E034 (9/99)