

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S10376**

1. Entity Name

**GUMELIZ ENTERPRISES, INC.**

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90002 016 \*\*\*150.00

Principal Place of Business <b>2023 NW 45 AV. COCONUT CREEK FLA. 33066</b>	Mailing Address <b>2023 NW 45 AV. COCONUT CREEK FLA. 33066</b>
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2. Principal Place of Business <b>2023 NW 45 AV.</b>	3. Mailing Address <b>2023 NW 45 AV.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>COCONUT CREEK FLA.</b>	City & State <b>COCONUT CREEK FLA.</b>
Zip <b>33066</b>	Country
Country	Zip <b>33066</b>
Country	Country

4. FEI Number <b>65-0293391</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**OSCAR CONCA  
2023 NW 45 AVENUE  
COCONUT CREEK FLA. 33066**

7. Name and Address of New Registered Agent  
Name **OSCAR CONCA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2023 NW 45 AVENUE**  
City **COCONUT CREEK** FL **33066**

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 **Oscar Conca** **4-29-2001**  
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 ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>OSCAR CONCA</b>	
STREET ADDRESS <b>2023 NW 45 AV. COCONUT CREEK</b>	
CITY-ST-ZIP <b>FLA. 33066</b>	
TITLE <b>VICE</b>	<input type="checkbox"/> Delete
NAME <b>ROSITA CONCA</b>	
STREET ADDRESS <b>2023 NW 45 AV. COCONUT CREEK</b>	
CITY-ST-ZIP <b>FLA. 33066</b>	
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	
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	
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: **Oscar Conca** **4-29-2001** **954-973-9499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)