

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30526

1. Entity Name

CYNTHIA GAYLE'S, INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90590 005 \*\*\*150.00

Principal Place of Business

716 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33071  
US

Mailing Address

P.O. BOX 770145  
CORAL SPRINGS FL 33077-0145  
US

00016347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0246067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAYLE, CYNTHIA  
9837 NW 26 PLACE  
SUNRISE FL 33322

Name

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

City

FL

Zip Code

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

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GAYLE, CYNTHIA  
CITY-ST-ZIP 9837 NW 26 PLACE  
SUNRISE FL

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS GAYLE, CYNTHIA  
CITY-ST-ZIP 9837 N.W. 26 PLACE  
SUNRISE, FL 33322

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HUTCHINSON, CHARLES  
CITY-ST-ZIP 9837 NW 26 PLACE  
SUNRISE FL 33077

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS HUTCHISON, CHARLES  
CITY-ST-ZIP 9837 NW 26 PLACE  
SUNRISE, FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Cynthia Gayle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA GAYLE

2-6-01

Date

Daytime Phone #

(954)

741-0672

CR2E034 (10/00)