

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90099 037 \*\*\*150.00

**DOCUMENT # S61158**

1. Entity Name  
**GOMBOS INTERNATIONAL, INC.**



Principal Place of Business  
2665 S BAYSHORE DR  
SUITE 502  
COCONUT GROVE FL 33133  
US

Mailing Address  
2665 S BAYSHORE DR  
SUITE 502  
COCONUTS GROVE FL 33133  
US

10025314



2. Principal Place of Business  
**1926 Hollywood Blvd.**

3. Mailing Address  
**1926 Hollywood Blvd.**

Suite/Apt. #, etc.  
**# 207**

Suite/Apt. #, etc.  
**# 207**

CHECK HERE IF MAKING CHANGES

City & State  
**Hollywood, Florida**

City & State  
**Hollywood Florida**

4. FEI Number **65-0271687**

Applied For  
Not Applicable

Zip  
**33020**

Country  
**USA.**

Zip  
**33020**

Country  
**U.S.A**

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

**6. Name and Address of Current Registered Agent**

**GOMBOS, DONALD R**  
**1151 SOUTH SOUTH LAKE DRIVE**  
**HOLLYWOOD FL 33019**

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>PTSD</b>			<input checked="" type="checkbox"/>
	<b>GOMBOS, DONALD R</b>	<b>2665 S BAYSHORE DR., SUITE 502</b>	<b>COCONUT GROVE FL 33133</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PTSD</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Donald R. Gombos</b>	<b>1926 Hollywood Blvd.</b>	<b>Hollywood, Florida 33020</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald R. Gombos **President** **3/3/03** **954-929-2722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)