

**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

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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

7. Name and Address of New Registered Agent

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

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
	PTSD	GOMBOS, DONALD R	2665 S BAYSHORE DR., SUITE 502	<input checked="" type="checkbox"/>
		COCONUT GROVE FL 33133		
				<input type="checkbox"/>

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