

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90757 019 \*\*\*150.00

0206257 AV

DOCUMENT # **P02000103495**



1. Entity Name  
**THE GIGA PLACE, INC.**

Principal Place of Business  
**7252 NW 31ST STREET  
MIAMI FL 3312**

Mailing Address  
**7252 NW 31ST STREET  
MIAMI FL 3312**

2. Principal Place of Business

3. Mailing Address

**7105 SW 8 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**309**

City & State

City & State

**MIAMI FL**

Zip

Country

Zip

Country

**33144**

4. FEI Number

**06-164 8694**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARON,  
7252 NW 31ST STREET  
MIAMI FL 3312**

Name

**VARON ADOLFO L.**

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]*  
Signature of officer or director of the corporation or the registered agent and title if applicable.

**ADOLFO L. VARON**

DATE

**4/25/03**

(NOTE: Registered Agent signature required when reinstating)

**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  Delete  
NAME **D VARON, ADOLFO L**  
STREET ADDRESS **16566 SW 76TH STREET**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D SANCHEZ, LUIS G**  
STREET ADDRESS **13811 SW 149TH CIRCLE LANE APT 4**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **Claudia**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **D CLAUDIA VALENZUELA**  
STREET ADDRESS **16566 S.W 76 ST**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **D MARTHA SANCHEZ**  
STREET ADDRESS **13811 SW 149 CIRCLE LN #4**  
CITY-ST-ZIP **MIAMI FL 33186**

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

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:

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**02-07-03 786-621-3372**

Date Daytime Phone #

CR2E034 (10/02)