

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90010 035 \*\*\*150.00

DOCUMENT # F94000005211

1. Entity Name  
**GAZELLE MARKETING INTERNATIONAL INC.**

Principal Place of Business      Mailing Address  
**4949 TAMMIAMI-TRAIL 3421 BONITA BEACH RD**      **4949 TAMMIAMI-TRAIL**  
**SUITE 204/205**      **SUITE 204/205**      **SAME**  
**NAPLES FL 33940 BONITA SPRINGS, FL. 34134**      **NAPLES FL 34109-9027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>06-1404237</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>D'ALESSANDRO, JUDITH L</b> <b>20588 CHARING CROSS CIRCLE</b> <b>NAPLES FL 33928</b> <b>ESTERO</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 **JUDITH L. D'ALESSANDRO** **1/17/00**  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>BROWN, ANNE</b>		NAME	<b>BROWN, ANNA</b>	
ST-ZIP	<b>66 OLD TARRY TOWN RD</b>		STREET ADDRESS	<b>66 OLD TARRYTOWN RD</b>	
	<b>AURORA, ONTARIO</b>		CITY-ST-ZIP	<b>NEW YORK, NY 10603</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>CALHOUN, DOUGLAS</b>		NAME	<b>DON TAYLOR</b>	
ST-ZIP	<b>RR 1, SHANTY BAY</b>		STREET ADDRESS	<b>502 CONCESSION 4,</b>	
	<b>ONTARIO</b>		CITY-ST-ZIP	<b>PICKERING, ONTARIO L1X 2R4</b>	
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: **Anna Brown** **1-19-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)