

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003143

1. Entity Name
GELPID HOLDINGS CORP.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90037 022 ***558.75

Principal Place of Business
2072 SOUTH MILITARY TRAIL
SUITE 7
WEST PALM BEACH FL 33415

Mailing Address
~~2072 SOUTH MILITARY TRAIL~~
~~SUITE 7~~
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address
Box 540102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Worth, FL

4. FEI Number 65-0924667

Applied For
Not Applicable

Zip

Country

Zip 33454 Country USA

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

PARADISO, DON A
~~5874 DEERFIELD PLACE~~
~~LAKE WORTH FL 33469~~

Address Correction

Name
Street Address (P.O. Box Number is Not Acceptable)
4045 BAHIA ISLE CIRCLE
City WELLINGTON FL 33467

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | CDPT CHIARI, CHRISTIAN TRAVIS 10861 MOORPARK STREET SUITE 108 TOLUCA LAKE CA 91602 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PARADISO, DON A 2072 SOUTH MILITARY TRAIL SUITE 7 WEST PALM BEACH FL 33415 | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3815 W. olive Ave #101 Burbank, CA 91505 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

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

8/24/00 561-967-7300
Date Daytime Phone #

CR2E034 (5/00)