FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am **DOCUMENT #** H25416 **Secretary of State** 1. Entity Name 01-14-2002 90034 025 ***150.00 MARK L. GAETA, P.A. Mailing Address Principal Place of Business 1000 S. FEDERAL HWY 1000 S. FEDERAL HWY 103 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2462697 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAETA, MARK L. Street Address (P.O. Box Number is Not Acceptable) 1000 S. FEDERAL HIGHWAY SUITE 103 FORT LAUDERDALE FL 33316 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11., 🗥 P.S.T. MARK L. 1000 S. Federal Hishway, #103 Delete TITLE TITLE GAETA, MARK L NAME CR2E034 STREET ADDRESS STREET ADDRESS 5740 SW 7TH ST CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Addition ☐ Delete TITLE TITLE GAETA, Mark! GAETA, MARK L. NAME 1000 S. Federal Highway #103 STREET ADDRESS STREET ADDRESS 5740 S.W. 7TH STREET Ft. Lauderdale CITY-ST-ZIP CITY-ST-7IP PLANTATION, FL. 33317 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 after like empowered.

SIGNATURE: