

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007836

1. Entity Name
AGENCY GERARD INC

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90015 036 ***150.00

0223136 AV

Principal Place of Business

900 WEST AVENUE
#1519
MIAMI BEACH FL 33139

Mailing Address

900 WEST AVENUE
#1519
MIAMI BEACH FL 33139

2. Principal Place of Business

800 WEST AVE

Suite, Apt. #, etc.
PH-32

City & State
Miami Beach FL

Zip
33139

Country
USA

3. Mailing Address

800 WEST AVE

Suite, Apt. #, etc.
PH-32

City & State
Miami Beach FL

Zip
33139

Country
USA



DO NOT WRITE IN THIS SPACE

TAX ID #

4. FEI Number
65-1071459

Applied For
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELLOPEDE, ROBERT G
910 WEST AVENUE #1106
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
ROBERT GERARD-BELOPEDE
Street Address (P.O. Box Number is Not Acceptable)
800 WEST AVE PH-32
City
Miami Beach FL Zip Code
33139

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 Robert Gerard Bellopepe president
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/4/2002
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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE
NAME PD
STREET ADDRESS BELLOPEDE, ROBERT G
CITY-ST-ZIP 910 WEST AVENUE #1106
MIAMI BEACH FL 33139

TITLE
NAME 800 WEST AVE
STREET ADDRESS PH-32
CITY-ST-ZIP Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 907, 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 fee empowered.

SIGNATURE Robert Gerard Bellopepe 1/4/2002 805-538-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)