

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53016

1. Entity Name

GEAR AVENUE PROPERTIES, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90041 019 ***150.00

Principal Place of Business

200 S BISCAYNE BLVD
4750
MIAMI FL 33131
US

Mailing Address

200 S BISCAYNE BLVD
4750
MIAMI FL 33131-2303
US

2. Principal Place of Business

100 Southeast 2nd Street

Suite, Apt. #, etc.

37th Floor

City & State

Miami, FL

3. Mailing Address

100 Southeast 2nd Street

Suite, Apt. #, etc.

37th Floor

City & State

Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0264880

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Southeast 2nd Street

37th Floor

City
Miami

FL

Zip Code
33131

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	JAMPOLIS, KEITH	21366 GREENWOOD CT BOCA RATON FL 33433				
	D	HATZ, JONATHAN	21366 GREENWOOD CT BOCA RATON FL 33433				
	D	JAMPOLIS, KEVIN	21366 GREENWOOD CT BOCA RATON FL 33433				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)