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W04-22611



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 11, 2004

GBS CONSULTANTS 1290 WESTON ROAD, SUITE 306 WESTON, FL 33326

SUBJECT: THE NUMBER 1 MAGAZINE IN STYLIZED FORM

Ref. Number: W04000022611

We have received your document for THE NUMBER 1 MAGAZINE IN STYLIZED FORM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number 2(b) of Part I must specify the type of business (i.e., real estate, parenting, computer software, etc.) the publication is being used in connection with.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "MAGAZINE"

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 904A00039600

## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO:	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	
	Tananassee, FD 32314	Name & address to whom acknowledgment should be sent:
		GBS Consultants
		1290 Weston Rd. Suite 306
		Weston, FL 33326
		( 954 ) 447-9571
		Daytime Telephone number
1. (a)	Applicant's name: OSWALDO UZCATE	GUI
	Applicant's business address: 1290 West	
(0)	Weston, FL	
(a)	Applicant's telephone number: ( 954 ) 6	City/State/Zin
	Individual Corporation  General Partnership Limited Partne	☐ Joint Venture ☐ Other:
If other	er than an individual,	•
(1) Flo	orida registration number:	(2) Domicile State:
(3) Fe	ederal Employer Identification Number:	
2. (a)	If the mark to be registered is a service mark (i.e., furniture moving services, diaper services)	t, the services in connection with which the mark is used: ces, house painting services, etc.)
(b)	If the mark to be registered is a trademark, the (i.e., ladies sportswear, cat food, barbecue gr	he goods in connection with which the mark is used: ills, shoe laces, etc.)
Mag	gazine (SAVINGS, DISCOUNTS, O	COUPONS, PROMOTIONS)
(c)	The mode or manner in which the mark is us	sed:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
Labe	els, brochures, flyers, business cards, ne	ewspaper advertisement.
		Westinged)
		(Continued)

(d) The class(es) in which goods or services fall:	. *
Class 16: Paper goods & printed matter	•
	PART II
	r a related company (must include month, day and year):
(a) Date first used anywhere: April, 2004	(b) Date first used in Florida: April, 2004
The mark to be registered is: (If logo/design is i must be 25 words or less.)  The Number 1 Mark to be registered is: (If logo/design is in must be 25 words or less.)	PART III included, please give brief written description which
	A A STATE OF THE PARTY OF THE P
"The number" cursive blue upper and lower cases,	1 red shaped number right side accross the letter b,
MAGAZINE gray upper cases left of 1.	
English Translation N/A	
2. DISCLAIMER (if applicable)	
NO CLAIM IS MADE TO THE EXCLUSIVE RINUMBER / MAGAZINE / 1	
, OSWALDO UZCATEGUI	" APART FROM THE MARK AS SHOWN.
herein, or that I am authorized to sign on behalf of the owne the right to use such mark in Florida either in the identical f be mistaken therefor. I make this affidavit and verification application and know the contents thereof and that the facts.	being sworn, depose and say that I am the owner and the applicant or and applicant herein, and no other person except a related company has form or in such near resemblance as to be likely to deceive or confuse or to on my/the applicant's behalf. I further acknowledge that I have read the stated herein are true and correct  ALDO UZCATEGUI
	* 500 miles de la constant de la con
Турси о	or printed name or applicant
Applicant's signa	ture or authorized person's signature (List name and title)
STATE OF FLORIDA	TOP OF S
COUNTY OF BROWARD	S. ATIE
On this the day of June appeared before me,	,2004, OSWALDO VZCATEGUI personally
who is personally known to me whose	se identity I proved on the basis of
	Lum
Jorge Fernandez	Notary Public Signature
My Commission DD197753	JORGE FERNANDEZ
Expires March 27 2007	Notary's Printed Name
N	My Commission Expires: 3 27 2007

AUGUST 2002
WESTON: DAVIE
SOUTHWEST FANCHES

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SAVINGS - DISCOUNTS - COUPONS - PROMOTIONS

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