

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90476 006 \*\*\*150.00

**DOCUMENT # F99000002318**

1. Entity Name  
**GAUCHITA PRODUCTIONS, INC.**

Principal Place of Business  
**87 SECOND STREET  
 GARDEN CITY NY 11530**

Mailing Address  
**87 SECOND STREET  
 GARDEN CITY NY 11530**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3464608**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FENNEL, TODD W  
 979 BEACHLAND BLVD.  
 VERO BEACH FL 32963~~

*new Agent*

Name *Arthur Moller*  
 Street Address (P.O. Box Number is Not Acceptable)

*580 Blue Lagoon Dr. Suite 420*  
 City *Miami* FL Zip Code *33126*

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE

*Jason Asselta* *Jason Asselta* *4/14/01*  
 Signature, typed or printed name of registered agent and board member (NOTE: Registered Agent signature and name when not applicable)

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, 2001 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	PO	<input type="checkbox"/> Delete
NAME	ASSELTA, JASON P	
STREET ADDRESS	87 SECOND STREET	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASSELTA, JUDITH	
STREET ADDRESS	87 SECOND STREET	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Jason Asselta (President)* *Jason Asselta*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/2/01*

*516-746-0263*  
 Daytime Phone #

*Arthur Moller (Agent) \* Arthur Moller 5/4/01*

CR2E034 (10/00)