

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90494 040 ***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

1042 Benmore Ave.

Suite, Apt. #, etc.

3. Mailing Address

1042 Benmore Ave

Suite, Apt. #, etc.

City & State

Franklin Square, NY

Zip

11010

Country

USA

City & State

Franklin Square, NY

Zip

11010

Country

USA

4. FEI Number

11-3464608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MULLER, ARTHUR
 5805 BLUE LAGOON DR
 SUITE 420
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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	PD	<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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of Address Only
NAME		
STREET ADDRESS	1042 Benmore Ave	
CITY-ST-ZIP	Franklin Square, NY 11010	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of Address Only
NAME		
STREET ADDRESS	1042 Benmore Ave	
CITY-ST-ZIP	Franklin Square, NY 11010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Judith Asselta / **Judith Asselta, Sec-Treas 4/8/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

516-338-2354 Daytime Phone #

CR2E034 (9/01)