

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K06675

1. Entity Name

GATTO & D'ESCARATTA, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90079 014 ***150.00

Principal Place of Business

Mailing Address

18233 NE 4 CT
NORTH MIAMI FL 33169
US

444 BRICKELL AVE
#51-333
MIAMI FL 33131-2403
US

930281

2. Principal Place of Business

20100 SW 280 ST.

3. Mailing Address

20100 SW 280 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

REDLAND, FL

City & State

REDLAND,

4. FEI Number

65-0107996

Applied For

Not Applicable

Zip

33031

Country

USA

Zip

33031

Country

USA

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

GATTO, VINCENZO
444 BRICKELL AVE., #51-333
MIAMI FL 33131

Name

VINCENZO GATTO

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

* SAME AGENT / NEW ADDRESS

20100 SW 280 ST.

City

REDLAND

FL

Zip Code

33031

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 ☐ Delete
NAME P
STREET ADDRESS GATTO, VINCENZO
CITY-ST-ZIP 444 BRICKELL AVE., #51-333
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 20100 SW 280 ST.
CITY-ST-ZIP REDLAND, FL 33031

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT) 1/13/00 (305) 242-4520

Date

Daytime Phone #

CR2E034 (9/99)