

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90094 020 ***150.00

DOCUMENT # K20498

1. Entity Name

GAZEBO ORIGINALS, INC.

Principal Place of Business

Medina, Pablo
2757 Coral Way
Miami, FL. 33145.

Mailing Address

Medina, Pablo
2757 Coral Way
Miami, FL. 33145/

2. Principal Place of Business

2757 Coral Way

Suite, Apt. #, etc.

3. Mailing Address

2757 Coral Way

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33145

Country

City & State

Miami, FL.

Zip

33145

Country

4. FEI Number

65-0042766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEDINA, PABLO
9000 SW 56 Street
Miami, FL. 33165

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 **Pablo Medina, President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 3/00

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

TITLE **President** ☐ Delete

NAME **Pablo Medina**
 STREET ADDRESS **9000 SW 56 Street**
 CITY-ST-ZIP **Miami, FL. 33165.**

TITLE **Vice-President** ☐ Delete

NAME **Carlos Medina**
 STREET ADDRESS **5440 SW 78 St., Apt. 1**
 CITY-ST-ZIP **South Miami, FL. 33143.**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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: Pablo Medina, President

April 3/00 305-448-3933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)