## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # K66803** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name GAJO INVESTMENTS, INC. 01-19-2000 90259 012 \*\*\*150.00 Principal Place of Business Mailing Address 2925 AVENTURA BLVD 2925 AVENTURA BLVD **STE 308** STF 308 AVENTURA FL 33180-3109 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0104257 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSEN, LAWRENCE N Street Address (P.O. Box Number is Not Acceptable) 2925 AVENTURA BLVD STE 308 AVENTURA FL 33180 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ☐ Change TITLE GILINSKI, JAIME NAME NAME 2925 AVENTURA BLVD., SUITE 308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL ☐ Change Addition ☐ Delete TITLE TITLE ROSEN, LAWRENCE N NAME NAME STREET ADDRESS STREET ADDRESS 2925 AVENTURA BLVD STE 308 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL ☐ Addition Change . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME

13. I hereby certify that the information supplied with this filing does not qualify or 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 of the certify 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 attaching the interest with all other the empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Law YOUNG AND THE DISCOUNT OFFICER OR DIRECTOR

Jan. 12, 2000

305/932-9955

Date

Daytime Phone #