

2000 UNIFORM BUSINESS REPORT (UBR)

0198239

DOCUMENT # M43162

1. Entity Name

GAITERIA FLORIDA, INC.

Principal Place of Business

% PEDRO A. MARTIN, ESQ.
1221 BRICKELL AVENUE, 24TH FLOOR
MIAMI FL 33131

Mailing Address

% PEDRO A. MARTIN, ESQ.
1221 BRICKELL AVENUE, 24TH FLOOR
MIAMI FL 33131-3224

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
GREENBERG, TRAUIG, ET AL
1221 BRICKELL AVENUE, 24TH FLOOR
MIAMI FL 33131

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, 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	DP	<input type="checkbox"/> Delete
NAME	JASSIR, ABDALA SAIEH	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	JASSIR, LUIS SAIEH	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SALMAN, CARLOS	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MUVDI, MOISES SAIEH	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B	
CITY-ST-ZIP	MIAMI FL 33174	
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 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Saieh	
STREET ADDRESS	Nine Island Avenue, Unit 1411	
CITY-ST-ZIP	Miami Beach, FL. 33139	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moises Saieh

Date

Daytime Phone #

1/28/00

FILED

00 FEB -7 PM 1:26

SECRET OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2804139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)