

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074255

1. Entity Name

GAECOM DISTRIBUTION, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90110 050 ***150.00

Principal Place of Business

8181 NW 36TH STREET STE 17A
MIAMI FL 33166

Mailing Address

8181 NW 36TH STREET STE 17A
MIAMI FL 33166

2. Principal Place of Business

8181 NW 36 ST
Suite, Apt. #, etc.
Suite #4

3. Mailing Address

P.O. Box 831826
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL.

City & State

Miami FL.

4. FEI Number

N/A

Applied For

☒ Not Applicable

Zip

33166

Country

USA.

Zip

33283

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNETH JACOBI & ASSOCIATES
1020 NW 163RD DRIVE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
CHAPOTEAU Madelyn
Street Address (P.O. Box Number is Not Acceptable)
1809 SW 155 Avenue
City
Miramar FL Zip Code
33027

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

3/3/01

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, 2001 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
NAME
D
CHAPOTEAU, GAETAN
STREET ADDRESS
8181 NW 36TH STREET STE 17A
CITY-ST-ZIP
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
CHAPOTEAU, GAETAN
STREET ADDRESS
1809 SW 155 Avenue
CITY-ST-ZIP
Miramar, FL. 33027 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/01 954-443-6739
305-525-6228

0207987

CR2E034 (10/00)