

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91649 013 ***150.00

DOCUMENT # P01000076894

1. Entity Name
GAUCHO ENTERPRISE INC.

Principal Place of Business
 1590 NW 128TH DR., STE. #102
 SUNRISE FL 33323

Mailing Address
 1590 NW 128TH DR., STE. #102
 SUNRISE FL 33323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-112 6618

Applied For

Not Applicable

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

LOPEZ, VANESSA A
 1590 NW 128TH DR., STE. #102
 SUNRISE FL 33323

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 *x Vanessa Lopez*
 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, 2002 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 PD ☐ Delete
NAME ACEVEDO, MARIA A
STREET ADDRESS 1590 NW 128TH DR., STE. #102
CITY-ST-ZIP SUNRISE FL 33323

TITLE P/S/D ☒ Change ☐ Addition
NAME ACEVEDO, MARIA A.
STREET ADDRESS 1590 NW 128TH DR., STE. #102
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VD ☐ Delete
NAME LOPEZ, VANESSA A
STREET ADDRESS 1590 NW 128TH DR., STE. #102
CITY-ST-ZIP SUNRISE FL 33323

TITLE V/T/D ☒ Change ☐ Addition
NAME LOPEZ, VANESSA A.
STREET ADDRESS 1590 NW. 128TH DR., STE. #102
CITY-ST-ZIP SUNRISE, FL 33323

TITLE SD ☒ Delete
NAME VILLA, SOFIA F
STREET ADDRESS 1590 NW 128TH DR., STE. #102
CITY-ST-ZIP SUNRISE FL 33323

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *x Vanessa Lopez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)