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FILED
Jun 10, 2002 8:00 am
Secretary of State
05-06-2002 90063 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087799

1. Entity Name
GASIT PROFESSIONAL, INC

[redacted]

DO NOT WRITE IN THIS SPACE

92339

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2. Principal Place of Business	3. Mailing Address
2780 NE 183 ST	2780 NE 183 ST
Suite, Apt. #, etc. 910	Suite, Apt. #, etc. 910
City & State AVENTURA, FLORIDA	City & State AVENTURA, FLORIDA
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 65-1137322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name ARIEL WARTENSLEBEN
Street Address (P.O. Box Number Is Not Acceptable)
2780 NE 183 ST #910
City AVENTURA FL Zip Code 33160

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 Ariel Wartensleben 04/22/2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	ARIEL WARTENSLEBEN	NAME	
STREET ADDRESS	2780 NE 183 ST #910	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA - FLORIDA - 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ariel Wartensleben ARIEL WARTENSLEBEN 04-22-2002 305-528-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #