

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB 21 AM 10:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P01000099022

1. Entity Name

GASCON ENTERPRISES #4, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1632 E. Canal Street South

Suite, Apt. #, etc.

3. Mailing Address

1632 E. Canal St South

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Belle Glades, FL

City & State

Belle Glades, FL

4. FEI Number

65-1150391

Applied For

Not Applicable

Zip

33430

Country

USA

Zip

33430

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name: Blas Elias

Street Address (P.O. Box Number is Not Acceptable)

1632 E. Canal Street South

City Belle Glades

FL

Zip Code 33430

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 Pres., Vice-Pres., Sec'y, Treas., Dir.
NAME Elias, Blas
STREET ADDRESS 8500 S.W. 86 Court
CITY-ST-ZIP Miami, FL 33143

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Blas Elias, President

(305) 442-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)