

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

FILED

02 FEB 21 AM 10:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P01000099025

1. Entity Name

GASCON ENTERPRISES #5, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 US Highway 27 S

Suite, Apt. #, etc.

3. Mailing Address

105 US Highway 27 S

Suite, Apt. #, etc.

City & State

South Bay, FL

City & State

South Bay, FL

4. FEI Number

65-1150388

Applied For

Not Applicable

Zip
33493

Country
USA

Zip
33493

Country
USA

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

Blas Elias

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

105 US Highway 27 S

City

South Bay

FL

Zip Code
33493

**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 re-instating)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400005065144--3
-03/07/02--01073--003
******150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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:

Blas Elias, President

(305) 442-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)