

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90892 038 ***150.00

DOCUMENT # P01000100712

1. Entity Name
WITH AFFINITY & COMPANY, INC.

Principal Place of Business

4241 PALM LANE
MIAMI FL 33137

Mailing Address

4241 PALM LANE
MIAMI FL 33137

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

65-1152151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMAS, JOSE E
4241 PALM LANE
MIAMI FL 33137

7. Name and Address of New Registered Agent

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

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

TITLE PD ☐ Delete
NAME GAMAS, JOSE E
STREET ADDRESS 4241 PALM LANE
CITY-ST-ZIP MIAMI FL 33137

TITLE ~~VICE PRESIDENT~~ ☐ Delete
NAME ~~PAUL RAPHAEL BUECHELE~~
STREET ADDRESS ~~6350 PINETREE DRIVE~~
CITY-ST-ZIP ~~MIAMI BEACH, FL. 33141~~

TITLE ~~SECRETARY~~ ☐ Delete
NAME ~~CARIN GUNILLA GONGEE~~
STREET ADDRESS ~~4756 BAY POINT ROAD~~
CITY-ST-ZIP ~~MIAMI FL 33137-3318~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VICE PRESIDENT~~ ☐ Change ☒ Addition
NAME PAUL RAPHAEL BUECHELE
STREET ADDRESS 6350 PINETREE DRIVE
CITY-ST-ZIP MIAMI BEACH, FL. 33141

TITLE ~~SECRETARY~~ ☐ Change ☒ Addition
NAME CARIN GUNILLA GONGEE
STREET ADDRESS 4756 BAYPOINTE ROAD
CITY-ST-ZIP MIAMI, FL. 33137-3318

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-02 (305) 576-6841

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # PO1000100712
773262

I APOLOGIZE FOR
ADDING THESE
TWO NAMES IN THE
WRONG BLOCK

J.E.G.