

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90165 003 \*\*\*150.00

**DOCUMENT # P01000110230**

1. Entity Name  
**ROBERTO GAETE SERVICES INC.**

Principal Place of Business  
**11513 N.W. 4TH WAY**  
**MIAMI FL 33172**

Mailing Address  
**11513 N.W. 4TH WAY**  
**MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13470 S.W. 62 ST**

3. Mailing Address  
**13470 S.W. 62 ST N101**

Suite, Apt. #, etc.  
**Apt. N101**

Suite, Apt. #, etc.  
**MIAMI Apt. N101**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33183**

Country  
**U.S.A.**

Zip  
**33183**

Country  
**U.S.A.**

4. FEI Number  
**65-1154861**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAETE, ROBERTO J**  
**11513 N.W. 4TH WAY**  
**MIAMI FL 33172**

**7. Name and Address of New Registered Agent**

Name **Robert J. GAETE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13470 S.W. 62 ST N101**  
 City **MIAMI** FL Zip Code **33183**

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 **4-18-02**

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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>GAETE, ROBERTO J</b> <b>11513 N.W. 4TH WAY</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>GAETE, Roberto J.</b> <b>13470 S.W. 62 ST N101</b> <b>MIAMI FL 33183</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice-President</b> <b>GAETE Lourdes F.</b> <b>13470 S.W. 62 ST N101</b> <b>MIAMI FL 33183</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/18/02** (305) 385-2509

CR2E034 (9/01)