

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-21-2003 90246 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000007656

1. Entity Name
GEZETA, INC.



Principal Place of Business
999 PONCE DE LEON BLVD.
STE 715
CORAL GABLES FL 33134

Mailing Address
999 PONCE DE LEON BLVD.
STE 715
CORAL GABLES FL 33134



2. Principal Place of Business
1110 Brickell Avenue

3. Mailing Address
1110 Brickell Avenue

Suite, Apt. #, etc.
PH 2

Suite, Apt. #, etc.
PH 2

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
02-0534866

Applied For
Not Applicable

Zip
33131

Country
U.S.

Zip
33131

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADIAL, JOE I
999 PONCE DE LEON BLVD.
STE 715
CORAL GABLES FL 33134

Name
GARCIA, MANUEL H.
Street Address (P.O. Box Number is Not Acceptable)
1110 Brickell Avenue, PH 2
City Miami, Florida FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Manuel Garcia*

2/27/03

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ZULUAGA, GUILLERMO
STREET ADDRESS 999 PONCE DE LEON BLVD. STE 715
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS 1110 Brickell Avenue PH 2
CITY-ST-ZIP MIAMI, FLORIDA 33131 ☐ Change ☐ Addition

TITLE SD
NAME ZULUAGA, DANIEL A
STREET ADDRESS 999 PONCE DE LEON BLVD. STE 715
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS 1110 Brickell Avenue PH 2
CITY-ST-ZIP MIAMI, FLORIDA 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

Daytime Phone #

CR02034 (10/02)