

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90317 013 ***150.00

DOCUMENT # P02000020749

1. Entity Name
GASTON REBOREDO, P.A.



Principal Place of Business
2625 EXECUTIVE PARK DRIVE, SUITE 5
WESTON FL 33331

Mailing Address
2625 EXECUTIVE PARK DRIVE, SUITE 5
WESTON FL 33331



2. Principal Place of Business

2225 N. COMMERCE PKWY
Suite, Apt. #, etc. 202

3. Mailing Address

2866 JARDIN WAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL

Zip 33326 **Country** USA

City & State
WESTON, FL

Zip 33327 **Country** USA

4. FEI Number
41-2029867

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REBOREDO, GASTON
2625 EXECUTIVE PARK DRIVE, SUITE 5
WESTON FL 33331

7. Name and Address of New Registered Agent

Name REBOREDO, GASTON
Street Address (P.O. Box Number is Not Acceptable) 2566 JARDIN WAY
City WESTON **FL** **Zip Code** 33327

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 **GASTON REBOREDO**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1/25/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE DPT <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS	GASTON REBOREDO
CITY-ST-ZIP	2566 JARDIN WAY WESTON, FL 33327
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS	DVP S REBECA REBOREDO
CITY-ST-ZIP	2566 JARDIN WAY WESTON, FL 33327
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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: **GASTON REBOREDO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/25/03 **Daytime Phone #** (954) 888-9771

CR2E034 (10/02)