

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90285 044 ***150.00

0306186 AV

DOCUMENT # P02000080830

1. Entity Name
GONZALEZ-STACK CORPORATION



Principal Place of Business
1350 NE 200TH TERRACE
NORTH MIAMI BEACH FL 33179

Mailing Address
1350 NE 200TH TERRACE
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
1250 NE 200th Terr

3. Mailing Address

Suite, Apt. #, etc.
No Miami Beach

Suite, Apt. #, etc.

City & State

City & State

Zip **33179** **Country** **Dome**

Zip **33179** **Country**

4. FEI Number
03-0476060

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STACK, ROBERT
1350 NE 200TH TERRACE
NORTH MIAMI BEACH FL 33179

Name **STACK ROBERT**
Street Address (P.O. Box Number is Not Acceptable) **1250 NE 200th Terr**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **STACK, ROBERT**
STREET ADDRESS **1350 NE 200TH TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **P.D.** ☒ **Change** ☐ **Addition**
NAME **STACK ROBERT**
STREET ADDRESS **1250 NE 200th Terr**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

Daytime Phone #

CR2E034 (10/02)