

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90328 015 ***150.00

DOCUMENT # P02000099761

1. Entity Name
J R S GAETAN CORPORATION



Principal Place of Business
18152 NW 2 AVE
MIAMI FL 33169

Mailing Address
18152 NW 2 AVE
MIAMI FL 33169

2. Principal Place of Business
18152 NW 2 Ave
Suite, Apt. #, etc.

3. Mailing Address
18152 NW 2 Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33169
Country
USA

City & State
Miami FL
Zip
33169
Country
USA

4. FEI Number
16-1632251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAETAN, SIDNEY A
18152 NW 2 AVE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
Gaetan, Sidney A
Street Address (P.O. Box Number is Not Acceptable)
18152 NW 2 Ave
City
Miami **FL** **Zip Code**
33169

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 *Sidney Gaetan*

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

(NOTE: Registered Agent signature required when reinstating)

4/20/03
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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAETAN, SIDNEY A 18152 NW 2 AVE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAETAN, JERTHY 18152 NW 2 AVE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAETAN, PATRICK 18152 NW 2 AVE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FRANCE, JEAN-MARIE 14941 SW 157 TERR MIAMI FL 33187	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAETAN, ROBERT 18152 NW 2 AVE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMEZIER, DENISE 512 NW 15 ST OKEECHOBEE FL 34972	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gaetan Sidney A 18152 NW 2 Ave Miami FL 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gaetan Jerthy 18152 NW 2 Ave Miami FL 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gaetan, Patrick 18152 NW 2 Ave Miami FL 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gaetan, Robert 18152 NW 2 Ave Miami FL 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demezier Denise 512 NW 15 St Okeechobee FL 34972	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sidney Gaetan* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 **(305) 653-8161**
DATE **Daytime Phone #**

CR2E034 (10/02)