

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90022 046 ***150.00

DOCUMENT # P94000000802

1. Entity Name

F.G. GAMEZ, INC.

Principal Place of Business

Mailing Address

1656 FAZZINI DR
 FROSTPROOF FL 33843
 US

1656 FAZZINI DR
 FROSTPROOF FL 33843-7701
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3216577

Applied For

Not Applied

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

THE LAW FIRM OF LAWRENCE J. SPIEGEL
CHARTERED D/B/A AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **Fernando G. Gamez**

Street Address (P.O. Box Number is Not Acceptable)

1656 Fazzini Drive

City **Frostproof**

FL

Zip Code **33843**

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

Fernando G. Gamez

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

(NOTE: Registered Agent signature required when reinstating)

1-11-2000

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May ~
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDST	<input type="checkbox"/> Delete
NAME	GAMEZ, FERNANDO	
STREET ADDRESS	1656 FAZZINI DR	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fernando G. Gamez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000 (863) 635-7777

Date

Daytime Phone #