

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039046

1. Entity Name  
GIDEON ENTERPRISES, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**  
01-12-2000 90080 020 \*\*\*150.00

Principal Place of Business Mailing Address  
1195 NW 81 STREET 1195 NW 81 STREET  
MIAMI FL 33150 MIAMI FL 33150-2739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0497358		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AZARI, KAREN 1270 102 ST. BAY HARBOR FL 33150				Name <u>Gideon Azari</u>			
				Street Address (P.O. Box Number is Not Accepted) <u>1195 NW 81 St.</u>			
				City <u>Miami FL</u>			
				Zip <u>33150</u>			

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 Gideon Azari, Pres. DATE 1/5/00

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

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	AZARI, GIDEON	NAME	
STREET ADDRESS	1195 N.W. 81 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	AZARI, KAREN	NAME	
STREET ADDRESS	1195 N.W. 81 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BUSTAMANTE, AUGUSTINE	NAME	
STREET ADDRESS	1195 N.W. 81 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gideon Azari, Pres. DATE 1/5/00 DAYTIME PHONE # (305) 696-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)