

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046189

1. Entity Name

GASTONE, INC.

P

Principal Place of Business

1581 BRICKEL AVE.
SUITE 102
MIAMI FL 33129

Mailing Address

1581 BRICKEL AVE.
SUITE 102
MIAMI FL 33129

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

65-0588004

Applied For

Not Applicable

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

GATTINONI, ROSARIO
1581 BRICKEL AVE.
SUITE PH102
MIAMI FL 33129

Name

GATTINONI, ROSARIO

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

390 GULF RD

City

Key Biscayne

FL

Zip Code

33149

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURASCHI, LUIGI
1581 BRICKEL AVE.
MIAMI FL 33129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
P
GATTINONI, ROSARIO F
1581 BRICKEL AVE.
MIAMI FL 33129

☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

ROSARIO GATTINONI

9-1-00

305 365 6753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment # P95000046189

B0105246

GASTONE INC.
390 Gulf Rd.
Key Biscayne, FL
33149

September 1, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

To Whom It May Concern:

This letter is to inform you that Gastone Inc. never received the original business report for the year 2000. A telephone call was made asking for the report to be sent again, but it was still not sent. We are asking you to please waive the penalty since we never received the report to pay \$150.00..

Sincerely,



Rosario Gattinoni
president