

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024640

1. Entity Name

GESTO ENTERPRISE, INC.

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90007 018 ***150.00

Principal Place of Business

2311 SW 23 ST
MIAMI FL 33145

Mailing Address

2311 SW 23 ST
MIAMI FL 33145

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

65-0661518

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

TEJERA, PASTOR DE LA

2311 SW 23 ST

MIAMI FL 33145

Name

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

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.

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 12, 2001 Fee 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
PVST
TEJERA, PASTOR DE LA
2311 SW 23 ST
MIAMI FL 33145 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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TEJERA, PASTOR DE LA
2311 SW 23 ST
MIAMI FL 33145 ☐ Delete

TITLE
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☐ Change ☐ Addition

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TITLE
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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:

SIGNATURE REQUIRED
TEJERA, PASTOR DE LA

07/20/01 (305)854-1499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0044229 AV

CR2E034 (5/01)

Attachment
Doc# P96000024640
C0074333

July 19, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE:P96000024640

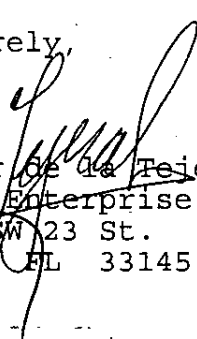
The following is to request a waiver of the late filing penalty.

We never received the first report form.

Please accept our enclosed payment in the amount of \$150.00.

Thank for your cooperation.

Sincerely,


Pastor Ge da Tejera
Gesto Enterprise, Inc.
2311 SW 23 St.
Miami, FL 33145