

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061724

1. Entity Name

GEAR-I, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90173 025 \*\*\*150.00

Principal Place of Business

Mailing Address

8835 SW 107 Ave.  
Miami, FL 33176

19321 NW 2 Ave.  
Miami, FL 33109

2. Principal Place of Business

3. Mailing Address

8831 SW 107 Ave.

8831 SW 107 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0690419

Applied For

Not Applicable

Zip

33176

Country

US

Zip

33176

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Ditzian, Gregg  
19321 NW 2nd Ave.  
Miami, FL 33169

7. Name and Address of New Registered Agent

Name

Prieto, Rodolfo

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

8831 SW 107 Ave.

City

Miami

FL

Zip Code  
33176

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 of the current registered agent and type if applicable.

RODOLFO PRIETO

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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, 2001, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	Prieto, Rodolfo	
STREET ADDRESS	8835 SW 107 Ave.	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	Ditzian, Gregg	
STREET ADDRESS	19321 NW 2 Ave.	
CITY-ST-ZIP	Miami, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prieto, Rodolfo	
STREET ADDRESS	8831 SW 107 Ave.	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRIETO  
RODOLFO PRIETO

4/16/01

Date

305-270-6112

Daytime Phone #