

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90164 004 ***150.00

DOCUMENT # P96000068108

1. Entity Name
CHEER GEAR, INC.

Principal Place of Business

**1865 BRICKELL AVE
 SUITE A1204
 MIAMI FL 33129
 US**

Mailing Address

**1865 BRICKELL AVE
 SUITE A1204
 MIAMI FL 33129
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7960 S.W. 172nd Terr.

3. Mailing Address

7960 S.W. 172nd Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami

Miami

City & State

City & State

Miami, FL 33157

Miami, FL 33157

Zip

Zip

Country

Country

33157

U.S.A.

33157

U.S.A.

4. FEI Number

65-0709831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRBY, ESTHER M
 1865 BRICKELL AVENUE
 SUITE A1204
 MIAMI FL 33146**

7. Name and Address of New Registered Agent

Name **Kirby, Esther M**
 Street Address (P.O. Box Number is Not Acceptable)
7960 S.W. 172nd Terr
 City **Miami** FL **33157**

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 \$150.00
 After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	KIRBY, ESTHER M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1865 BRICKELL AVE., SUITE A-1204	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Esther M. Kirby** **Esther M. Kirby President 4/19/02 (305) 389-6088**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)