## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000075410**

Country

6. Name and Address of Current Registered Agent

City & State

GAYOL, AMADO

10221 S.W. 90 AVENUE **MIAMI FL 33176** 

Zip

GAYOL & ASSOCIATES, INC.

Principal Place of Business Mailing Address 10221 S.W. 90 AVENUE 10221 S.W. 90 AVENUE MIAMI FL 33176-3011 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

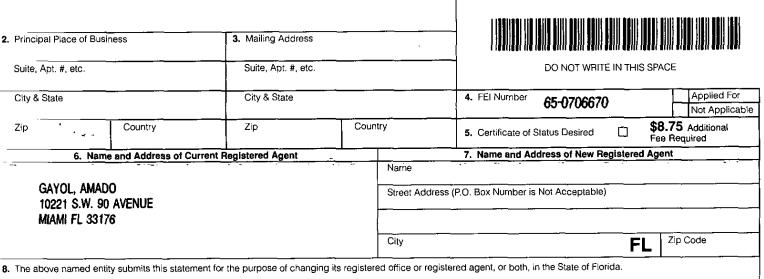
City & State

Zip

## **FILED** Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90046 007 \*\*\*150.00

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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 filling 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		1	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing		May Be to Fees
11. OFFICERS AND DIRECTORS		RECTORS	12.	ADDI	FIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gayol, amado 10221 SW 90 AVE Miami Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GAYOL, VICKY 10221 SW 90 AVE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP		<u> </u>		] Change	Addition
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Country

Name

City

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 received 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

GA

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Delete

☐ Delete

☐ Addition

Addition

☐ Change

☐ Change