

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000088700

1. Entity Name

G.A.S.A. ENTERPRISES, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90830 001 \*\*\*600.00

Principal Place of Business

Mailing Address

9463 W SAMPLE ROAD  
CORAL SPRINGS FL 33065

9463 W SAMPLE ROAD  
CORAL SPRINGS FL 33065-4102

2. Principal Place of Business

3. Mailing Address

7730 Newport Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Parkland, FL

4. FEI Number

65-0742441

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

U.S.

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

COTRONEO, GEORGE  
9463 W SAMPLE ROAD  
CORAL SPRINGS FL 33065

Name

George Cotroneo

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

9101 W. Sample Rd. Apt. 402

City

Coral Springs

FL

Zip Code

33065

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, 2000 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

TITLE P  
NAME COTRONEO, GEORGE  
STREET ADDRESS 9463 WEST SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS FL

☐ Delete

TITLE P  
NAME George cotroneo  
STREET ADDRESS 9101 W. Sample Rd. Apt. 402  
CITY-ST-ZIP Coral Springs FL 33065

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 *G. Cotroneo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00 954-345-2807  
1/25/00 954-345-2807

CR2E034 (9/99)