

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90014 001 ***150.00

DOCUMENT # P97000006209

1. Entity Name

GAECOM CORPORATION

Principal Place of Business

8181 N.W. 36 STREET
SUITE #17A
MIAMI FL 33166
US

Mailing Address

P.O. BOX 831826
MIAMI FL 33283
US

2. Principal Place of Business

8181 NW 36 ST
Suite, Apt. #, etc.
SUITE #4

3. Mailing Address

P.O. Box 831826
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Miami FL

Zip

Country

33166

USA

Zip

Country

33283

USA

6. Name and Address of Current Registered Agent

CHAPOTEAU, MADELYN
14911 SW 80 ST
#215
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name CHAPOTEAU, MADELYN
Street Address (P.O. Box Number is Not Acceptable)
1809 SW 155 AVENUE
Miramar
City Miramar FL Zip Code 33027

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

3/3/01

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	PD	<input type="checkbox"/> Delete
NAME	CHAPOTEAU, GAETAN	
STREET ADDRESS	14911 S.W. 80 STREET, #215	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAPOTEAU, MADELYN	
STREET ADDRESS	14911 S.W. 80 STREET, #215	
CITY-ST-ZIP	MIAMI FL 33193	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPOTEAU, GAETAN	
STREET ADDRESS	1809 SW 155 Ave	
CITY-ST-ZIP	MIRAMAR, FL. 33027	
TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPOTEAU, MADELYN	
STREET ADDRESS	1809 SW 155 Ave	
CITY-ST-ZIP	MIRAMAR FL 33027	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01

Date

(305) 525-6228

Daytime Phone #

CR2E034 (10/00)