2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90188 008 ***150.00

DOCUMENT # P97000028758

1. Entity Name
GASTESI AND ASSOCIATES, P.A.

Principal Place of Business
ALCAZAR AVE
GABLES FL 33134

Mailing Address
225 ALCAZAR AVE
CORAL GABLES FL 33014-2176
US

C0026193

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15600 NW 67TH AVENUE	SAME
Suite, Apt. #, etc.: SUITE 308	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FLORIDA	City & State
Zip: 33014 Country: USA	Zip Country

4. FEI Number 65-0741412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASTESI, RAUL JR
~~225 ALCAZAR AVE~~
~~CORAL GABLES FL 33134~~

NEW ADDRESS →

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 15600 NW 67th AVENUE
SUITE 308
City MIAMI LAKE, FL Zip Code 33014

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] RAUL GASTESI JR. PRESIDENT 2/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / ADDRESS / CITY-ST-ZIP	D GASTESI, RAUL JR 225 ALCAZAR AVE CORAL GABLES FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] RAUL GASTESI JR PRESIDENT 2/21/00 (305) 818-9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #