

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90015 012 \*\*\*150.00

**DOCUMENT # P97000036093**

1. Entity Name

**GAUTIER OF THE AMERICAS, INC.**

Principal Place of Business

**8201 PETERS ROAD  
 #1000  
 PLANTATION FL 33324**

Mailing Address

~~8201 PETERS ROAD~~  
~~#1000~~  
~~PLANTATION FL 33324~~

2. Principal Place of Business

3. Mailing Address

**P.O. Box 823037**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SOUTH FLORIDA, FL**

Zip

Country

Zip

Country

**33082-7037**

**GEORGIA**

4. FEI Number

DO NOT WRITE IN THIS SPACE

**APPLIED FOR**

Applied For

Not Applicable

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

**ALEXANDER, GARY  
 8201 PETERS ROAD  
 #1000  
 PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS OLIVERA JIMENEZ, LEONARDO L 8201 PETERS ROAD, STE. 1000 PLANTATION FL 33324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ST ALEXANDER, GARY 8201 PETERS ROAD, STE. 1000 PLANTATION FL 33324</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Leonardo L Olivera Jimenez**

**APR 26 - 2002 (305) 936 8134**

Daytime Phone #

CR2E034 (9/01)