

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041207

1. Entity Name

GEARING UP PRODUCTIONS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90265 026 ***150.00

Principal Place of Business

Mailing Address

~~8400 SW 65 AVE~~
~~MIAMI FL 33143~~

~~8400 SW 65 AVE~~
~~MIAMI FL 33143~~

7125 SW 47 ST #306
MIAMI FL 33155

7125 SW 47 ST #306
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

7125 SW 47 ST

7125 SW 47 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Zip

33155

Country

33155

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUEVEDO, ALFONSO

Name

ALFONSO QUEVEDO

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

7125 SW 47 ST #306

City

MIAMI

FL

Zip Code

33155

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
QUEVEDO, ALFONSO A
8400 SW 65 AVE
MIAMI FL 33143 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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

ALFONSO QUEVEDO

4-17-01

305 666 4327

Date

Daytime Phone #

CR2E034 (10/00)