

3/31

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

03-31-2002 90360 017 ***150.00

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1. Entity Name

GEARING UP PRODUCTIONS ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

27 OLD ENGLISH DR

Suite, Apt. #, etc.

3. Mailing Address

27 OLD ENGLISH DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

27802

City & State

CHARLESTON SC

City & State

CHARLESTON SC

4. FEI Number

65-0751744

Applied For

Not Applicable

Zip

29407

Country

US

Zip

29407

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert Maizel

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

9360 SUNSET DRIVE Suite 200

City

Miami

FL

Zip Code

33173**DO NOT WRITE
IN THIS SPACE**

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

Robert Maizel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Robert Maizel3-15-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIPQUEVEDO ALFONSO PRESIDENT
27 OLD ENGLISH DR
Charleston SC 29407TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

848 321 4327

Daytime Phone #

CR2E034B (12/01)