

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90089 050 ***150.00

80024001



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000011727

1. Entity Name

GAINE NINE INC.

Principal Place of Business

Mailing Address

3231 PINEHURST DR.
 LAKE WORTH FL 33467

3231 PINEHURST DR.
 LAKE WORTH FL 33467-1417

2. Principal Place of Business

3. Mailing Address

5565 MUIRFIELD

5565 MUIRFIELD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number

65-0816322

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

Name

GARCIA, ALFREDO

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

5565 MUIRFIELD

City

LAKE WORTH

FL

Zip Code

33463

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

03.01.2000

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, 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	PTD	☐ Delete
NAME	GARCIA, ALFREDO	
STREET ADDRESS	3231 PINEHURST DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SVD	☐ Delete
NAME	GARCIA, ALBA	
STREET ADDRESS	3231 PINEHURST DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	☒ Change ☐ Addition
NAME	GARCIA ALFREDO	
STREET ADDRESS	5565 MUIRFIELD	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SVD	☒ Change ☐ Addition
NAME	GARCIA, ALBA	
STREET ADDRESS	5565 MUIRFIELD	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.01.2000 361-64960

Date

Daytime Phone #