

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016107

1. Entity Name

GELATS COMMERCIAL CAPITAL INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90158 001 ***300.00

Principal Place of Business 1000 BRICKELL AVENUE, STE 660 MIAMI FL 33131-3014	Mailing Address 1000 BRICKELL AVENUE, STE 660 MIAMI FL 33131-3047
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0828822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE GOYTISOLO, AGUSTIN
 1000 BRICKELL AVENUE, STE 660
 MIAMI FL 33131-3014

7. Name and Address of New Registered Agent

Name: A DE GOYTISOLO, P.A. HAS RELOCATED
 ITS PROFESSIONAL PRACTICE TO
 Street Address: 1223 SW FOURTH STREET, SUITE 25,
 MIAMI FL 33135-2407
 TEL 305.642.3484 EXT 120 FAX 305.642.7463
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE GOYTISOLO, AGUSTIN 1000 BRICKELL AVENUE, STE 660 MIAMI FL 33131-3014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE GOYTISOLO, AGUSTIN GELATS 1550 TARAGONA DRIVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	A DE GOYTISOLO, P.A. HAS RELOCATED ITS PROFESSIONAL PRACTICE TO 1223 SW FOURTH STREET, SUITE 25, MIAMI FL 33135-2407 TEL 305.642.3484 EXT 120 FAX 305.642.7463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Date: April 27, 2000 Daytime Phone # 305.341.8811

CR2E034 (9/99)