2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # **P98000047105** 1. Entity Name GAETA REALTY & INVESTMENTS, INC. 05-10-2001 90226 026 ***150.00 Principal Place of Business Mailing Address 3555 NORTHLAKE BLVD 3555 NORTHLAKE BLVD WEST PALM BEACH FL 33403 WEST PALM BEACH FL 33403 UUUUUUAAU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc., DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0843511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent gaeta, neil j Street Address (P.O. Box Number is Not Acceptable) 3555 NORTHLAKE BLVD **WEST PALM BEACH FL 33403** 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE X Delete TITLE Change GAETA, NEIL J NAME NAME STREET ADDRESS STREET ADDRESS 3555 NORTHLAKE BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33403 X Addition ☐ Change TITLE Delete TITLE D, P, S, T Louis A. Gaeta, Jr. GAETA, LOUIS A JR. NAME NAME 3555 Northlake Boulevard STREET ADDRESS 3555 NORTHLAKE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST, PALM BEACH FL 33403 Palm Beach Gardens, Florida 33403 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12.36.7 ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

LOWIS A. GARTA, Ja, Pros SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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.