## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2000 8:00 am DOCUMENT # P98000056579 Secretary of State GASSTON PRODUCTIONS, INC. OF BOCA 02-04-2000 90069 050 \*\*\*150.00 Mailing Address Principal Place of Business 2000 NORTH OCEAN BOULEVARD #103 2000 NORTH OCEAN BOULEVARD #103 BOGA RATON FL 33431-7818 BOCA RATON FL 33431 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Numb City & State City & State APPLIED FOR Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GASSTON, STUART H Street Address (P.O. Box Number is Not Acceptable)\_ -2000 NORTH OCEAN BOULEVARD #103 **BOCA RATON FL 33431** Zip Code City 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 bille if applicable (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition ☐ Change TITLE D Delete TITLE NAME GASSTON, STUART H NAME STREET ADDRESS 2000 NORTH OCEAN BOULEVARD #103 STREET ACCRESS City-St-7P CITY-ST-ZIP BOCA RATON FL 33431 10 Audition Sect-Treas ☐ Change Delete TITLE TITLE Catherine Riesgo- Gasston 2000 N. Ocean Blud #103 Beca Raton, Block FL 3343 NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-78P CITY-ST-ZIP Addition Change Delete TITLE nn e NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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