

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 11 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000 106780

1. Entity Name

GEDETTO TOO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

445 E. 10 COURT

3. Mailing Address

445 E. 10 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0886666

Applied For

Not Applicable

Zip 33010

Country USA

Zip 33010

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DAN SILVERBERG

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

445 E. 10 COURT

City MIAMI

FL

Zip Code 33010

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

[Signature] CFO

4-8-02

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

(NOTE: Registered Agent Signature required when reinstating)

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	P/D
NAME	CLIFFORD M. STEIN
STREET ADDRESS	445 E. 10 COURT
CITY-ST-ZIP	MIAMI, FL. 33010
TITLE	CFO
NAME	DAN SILVERBERG
STREET ADDRESS	445 E. 10 COURT
CITY-ST-ZIP	MIAMI, FL. 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

4-8-02 305-887-0380 MW

CR2E034B (12/01)

4/2/02